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The guidelines for the establishment or improvement of services for students who need special attention cover law and state board regulations, teacher qualification and certification, and state and local administrative responsibilities. Also considered are the definition, incidence, and identification of the following handicapped groups and the establishment and organization of classes for them: the educable and trainable mentally handicapped, physically handicapped, speech handicapped, visually and aurally handicapped, emotionally disturbed, and learning disabled. Listings are given of the role and qualifications of the visiting counselor, special services for homebound students, provision for guidance services, and the role and qualifications of directors of special education. A roster of 14 regional and five community guidance centers, one child study center, and one child medical center is provided. (LE)

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A Program of Education for Exceptional Children In Oklahoma

Bulletin S. E. No. 7
Division of Special Education
and the
Oklahoma Curriculum
Improvement Commission

1907

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Oliver Hodge, Superintendent
1968

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A PROGRAM OF EDUCATION

For

EXCEPTIONAL CHILDREN IN OKLAHOMA

(Revised Edition)

Bulletin S. E. No. 7
A Handbook for Administrators, Boards of Education, Special Education Teachers, and Others Interested in Handicapped Children.

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Oliver Hodge, Superintendent

1968

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FOREWORD

The State education forces recognize their responsibility to provide equal educational opportunities to all children. Meeting the needs of every student is the ultimate aim of educators in Oklahoma. As a result of the commitment to equality education, new laws, rules, and regulations are being enacted.

This bulletin sets forth the latest guidelines for the establishment and/or improvement of services for students who need special attention. The first responsibility of the school to these handicapped children is that of educating them in the ways which will permit them to live a successful, responsible, and happy life. This revised handbook will be helpful to all who are interested in handicapped children.

Hopefully, from the pages of this publication, educators throughout the State will find the answers to the many questions that arise when intensive planning is done in the Special Education area.

OLIVER HODGE, State Superintendent
DEPARTMENT OF EDUCATION
STATE OF OKLAHOMA

ACKNOWLEDGMENTS

The revision of this bulletin has been made by the members of the staff of the Division of Special Education. The professional members have been ably assisted by Mrs. Willene Sanders and Mrs. Kay Vrooman, secretaries in the Special Education Division.

Many people have assisted in the preparation of previous editions of this publication. I wish to express my sincere appreciation to all who have, through the years, helped in the preparation of this valuable handbook.

A. LeRoy Taylor
Director

Division of Special Education
State Department of Education

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Introduction

PURPOSE OF THIS BULLETIN

The purpose of this bulletin is to set forth the Oklahoma program for the education of handicapped children. It is prepared as a service to boards of education, administrators, teachers and others interested in the problem of the education of children who are physically handicapped, educable mentally handicapped, severely mentally retarded, emotionally disturbed, children with learning disabilities, or those who have speech defects.

An understanding of the Oklahoma Program is essential in carrying out the plan as well as in improving it. It is hoped that this bulletin will bring clarity and uniformity to the procedure in Oklahoma, and yet be broad enough in scope for the changing needs of the individual and the community.

CHANGING PHILOSOPHY OF EDUCATION

In ancient times many imperfect babies were abandoned to die. History reveals that many thousands of nervous and mental patients were tortured in the belief that they were possessed of "devils." Christianity brought an end to these practices although neglect was in evidence throughout the Middle Ages. It was not until the Sixteenth Century that the handicapped were considered worthy of special attention in the Old World, and not until the early Nineteenth Century were provisions made for their education in the United States.

Education has lagged greatly in recognizing the rights of the handicapped groups. Recent findings show that it is not only socially sound, but good economic practice to provide developmental and corrective training for the handicapped youth. Lacking adequate means of expression, the sound mind behind the crippled body may also become crippled. Money spent to help the handicapped individual make a healthful adjustment and thus open the way to a purposeful and useful life, is small when compared with the amount spent to care for the helpless, the neglected, and the incapacitated. In its broadest implications as now conceived, education is responsible for promoting individual worth and competence in all their various phases, but always within the limitations that they must contribute to the common good of both individual and society.

SPECIAL EDUCATION DEFINED

Special education is a program of education for the exceptional child, whose needs cannot be satisfactorily met by the instructional program offered in the regular classroom. It offers him the opportunity to advance at his own rate of development in an effort to reach the objectives of education within the limits of his capabilities. It provides for adjustment of materials and techniques of instruction necessary to meet the interests and needs of the exceptional child. Special education is education at its best, and is a part of, not apart from, the regular program.

SCOPE OF SPECIAL EDUCATION

The fundamental needs of the handicapped are the same as those of all children, and for this reason the basic program should be the same. Education for the handicapped has a developmental function. This involves every phase of development: physical, mental, emotional, and social. Programs in health education, exercise, and nutrition must go beyond traditional bounds. Development in emotional balance and in social maturity and adjustment must come largely through providing a wide range of experiences adapted to meet the needs of each child. The schools are responsible for a diagnostic function. Diagnosis is the only reliable means for discovering individual needs, capacities, and limitations. Diagnosis is just as essential in education as in medicine.

After discovering the child's needs, the schools are responsible for providing needed services. The major responsibility for correcting physical ills remains with parents, doctors, and medical treatment agencies. The schools have to take almost full responsibility for correcting reading disabilities, speech defects, reversal tendencies, faulty learning habits, and in many cases emotional imbalances and social maladjustments.

The schools are responsible for what may be called a preventive and protective function. Through daily health inspections early symptoms of contagious diseases are first discovered. The fact that many children have poor vision or hearing is often first discovered in school. The school should also note early signs of undesirable habits that may be forming and undesirable ways of reacting that grow out of emotional immaturity.

Based on 572,206, the 1967-68 Scholastic Enumeration of Children Ages 6 through 17, and using the percentages indicated, the following chart was constructed.

ESTIMATED NUMER OF HANDICAPPED CHILDREN OF PUBLIC SCHOOL AGE IN OKLAHOMA

Educable Mentally Handicapped	.03	17,166
Trainable Mentally Retarded	.003	1,716
Crippled	.003	1,716
Blind and Partially Seeing	.0025	1,430
Deaf and Hard-of-Hearing	.02	11,444
Emotionally Disturbed	.02	11,444

Speech Defective	.05	28,611
Children with Learning Disabilities	.02	11,444

The handicapped child may or may not present an instructional problem in education, depending upon the extent of his disability, his acceptance of it, and the group's acceptance of him. There are children in nearly every school whose physical handicaps prevent their profiting fully from the program of activities planned for the physically normal child. It is not easy to determine the extent to which physical handicaps influence retardation in intellectual and social growth, but this factor should be considered when planning the educational program. The cycle is a vicious one, with the child as the victim unless special facilities can be provided to permit equal opportunity without branding the child as being different.

LAW

ARTICLE 13

SPECIAL EDUCATION FOR EXCEPTIONAL CHILDREN

SECTION 167. The several school districts of Oklahoma are hereby authorized to provide special education necessary for exceptional children, as hereinafter defined. Two or more school districts may establish cooperative programs of special education for exceptional children when such arrangement is approved by the State Board of Education. The County Superintendent of Schools of any county may establish and maintain a special education program, with the approval of the State Board of Education, and the county funds may be expended for such purpose. Any school district or districts located wholly or in part in a county may participate in any such program so established by the County Superintendent of Schools and shall have authority to contribute school funds, either directly or by reimbursement to the county participating in such program. Exceptional children shall mean educable mentally-handicapped children, trainable mentally-retarded children, speech-defective children, emotionally-disturbed children, children with special health problems, children requiring the services of a visiting counselor, and other handicapped children four (4) years of age as of the first day of November of the school year who are bona fide residents of this State, whose condition is such that it is impractical or impossible for them to benefit from or participate in the regular classroom program of the public schools in the district in which they reside and whose education requires a modification of the classroom program. Provided that the attendance of said children in special education classes shall be included in the average daily attendance computations for State Aid purposes as included in the Foundation Program appropriations.

SECTION 168. The determination whether a child is eligible for special education shall be made by the board of education of the school district in which such child resides, under rules and regulations approved by the State Board of Education. Any child determined to be eligible shall be permitted to receive such special education for a minimum period of twelve (12) years.

SECTION 169. Any school districts in the State may provide suitable facilities and employ qualified teachers and therapists for exceptional children, either in schools, classrooms, or in such other places as the board of education of the district may deem advisable. When a school district does not provide special educational facilities and qualified teachers, said children may be transferred to another school district, with the consent of the board of education thereof, where suitable facilities and teachers are provided. Transfers authorized by this section shall be made under such rules and regulations as the State Board of Education may prescribe and in accordance with the general laws governing the transfer of pupils from one school district to another. When **an exceptional** child is unable to attend any school or class in the district of which he is a resident, the board of education of said district, with the approval of the State Board of Education is further authorized to cooperate with any school district of the state to make it possible for **an exceptional** child to attend the regular school by making special provisions for the transportation of **such** child, or for special equipment, **devices, books, supplies or other facilities,** or for special instruction within the regular school building.

SECTION 170. Special classes or individual instruction provided for pre-tubercular, tubercular, convalescent or other physically handicapped children in hospitals, sanatoriums and preventoriums may be maintained by a school district in such institutions within or without the boundaries of such district, and the attendance of pupils therein shall be credited to the district providing such instruction.

SECTION 171. The State Board of Education is hereby authorized to determine and prescribe the qualifications of all persons who teach **exceptional** children, **to define, classify and determine standards of eligibility of all exceptional children to receive special education, to fix minimum requirements for special education of exceptional children and to make such rules and regulations as it deems necessary for the teaching of exceptional children.**

SECTION 172. State monies appropriated to carry out the provisions of laws dealing with the education of exceptional children shall be apportioned by the State Board of Education among the various school districts of the State providing such educational facilities for exceptional children in accordance with the standards and rules and regulations prescribed by the State Board of Education. State funds for the education of such exceptional children shall be distributed on a teaching unit basis in accordance with rules and regulations to be adopted for such purpose by the State Board of Education. In no case shall a teaching unit be comprised of less than eight (8) children in classes for educable mentally handicapped children, or five (5) children in classes for other exceptional children. The State Board of Education shall determine the requirements for a teaching unit in speech correction.

SECTION 173. The State Board of Education is hereby empowered to accept and disburse any grants or funds that may be matched by or received from the Federal Government for the education of **exceptional** children and to make necessary rules and regulations for such purpose.

SECTION 174. (a) The State Board of Education is hereby authorized to establish all necessary rules and regulations and set the rate of reimbursement for physical and occupational therapists, teachers of homebound children or home-to-school telephone instruction, board and room for transferred handicapped children to attend a special class, travel for transporting handicapped children, and travel for teachers who are required to travel in fulfilling the services to handicapped children in homebound, cooperative, or county programs for exceptional children.

(b) The State Board of Education may make provisions for boarding exceptional children who must be transferred from their home districts to school districts providing special education, but in no case shall the reimbursement from other State funds for this purpose exceed Four Hundred Fifty Dollars ($450.00) per child per year.

(c) The State Board of Education may make provisions and payment therefor from other State funds for the special education of any deaf and blind child, resident of the State, in any private or public institution, either inside or outside of the State of Oklahoma, but in no case shall payment from State funds for such special education, including board and room for such child, exceed Five Thousand Dollars ($5,000.00) per child per year.

(d) None of the funds received by a school district under the provisions of this section shall be considered as a part of the chargable income of such district for State Aid purposes.

(e) None of the funds referred to in this section shall be allowed or paid to a school district for any of the following:

1. For any teaching unit or class organized with less than eight (8) educable mentally handicapped children.
2. For any teaching unit or class organized for speech-defective children, with a number less than that specified by the State Board of Education.
3. For any teaching unit or class consisting of gifted children.
4. For any teaching unit or class consisting of children who are both deaf and blind, except as specified in paragraph (c) of this section.
5. For any teaching unit or class organized with less than five (5) other exceptional children.

SECTION 175. The State Board of Education shall appoint and employ and fix the compensation and duties of necessary personnel and incur other necessary expenses, including cost of consultant to administer and carry out the provisions of this article, and such compensation and other expenses shall be paid from any funds appropriated to carry out the provisions of this article.

SECTION 176. Qualified and properly certified teachers of special education shall be paid a minimum of five per centum (5%) above the prevailing wage paid teachers of normal children in the same school district.

STATE BOARD OF EDUCATION REGULATIONS PERTAINING TO SPECIAL EDUCATION FOR EXCEPTIONAL CHILDREN

Establishment of Classes:

The class, or classes, shall be established by action of the superintendent with the full approval of the district board of education.

In organizing a class in special education, it is necessary to file two separate forms with the Division of Special Education.

1. The first form is a **Declaration of Intent to Teach a Class in Special Education.** This form indicates the type of class you plan to operate. It is mailed in duplicate by the Division of Special Education to schools before the close of the current term and one copy should be completed and returned on or before July 1.

2. The second form is an **Application for Conditional Preapproval Plan to Teach a Class in Special Education.** It is mailed in duplicate before the beginning of the school term to schools that have filed a Declaration of Intent to teach a class. It should be completed and one copy returned to the Division of Special Education not later than thirty days after class organization.

Definition of Terms:

"Special Teacher" is a qualified teacher who is employed to teach exceptional children.

"Unit" may be defined as a specialized class for a full time teacher. This is not to mean that a child designated as "exceptional" may not participate in the daily activities of the school. "Half Unit" may be defined as a specialized class to which a teacher devotes half of her time to the teaching of exceptional pupils.

No school shall be reimbursed for teaching special education classes on less than a half unit basis. The following standards should be observed by school districts accepting reimbursement for teaching special education children.

Eligibility of Pupils:

The eligibility of children for this service should be determined by a qualified specialist as prescribed in the law.

Admission to Classes:

An eligible child shall be admitted to classes for special help, provided such classes are designed to meet his particular needs.

Size of Classes:

	MIN.	MAX.
EDUCABLE MENTALLY HANDICAPPED	8	20
With Half-Time Teacher Aide		22
With Full-Time Teacher Aide		23
TRAINABLE MENTALLY RETARDED	5	10
With Half-Time Teacher Aide		12
With Full-Time Teacher Aide		13
PHYSICALLY HANDICAPPED	5	16
BLIND AND PARTIALLY SEEING	5	16
DEAF AND HARD-OF-HEARING	5	16
EMOTIONALLY DISTURBED	5	10
CHILDREN WITH LEARNING DISABILITIES	5	10
SPEECH DEFECTIVE	75	100
VISITING COUNSELOR	250	

Teacher's Certification:

A teacher, to qualify as an instructor of exceptional children, must hold a valid Special Education teacher's certificate under the State Laws of Oklahoma. The special preparation shall be in the area in which the teacher will teach.

Teacher's Salary:

The law provides that the teacher of Special Education shall be paid a minimum of 5% above the prevailing wage paid teachers of normal children in the same school district. This should be construed to mean teachers of equal preparation and experience.

Transportation:

When a school district providing Special Education services pays the transportation costs of a transferred pupil being transported from a point in another district to its own Special Education school or class, that school district may be reimbursed for the actual costs when a public carrier is employed. If a private carrier is used, the district may be reimbursed at a rate not to exceed six cents (6c) per mile to and from the school and the total annual reimbursement shall not exceed $450.00 per child. When more than one (1) child is transported in the same private vehicle, an additional charge not to exceed three cents (3c) per mile per child may be made. Individual cases will be considered on their own merit.

Boarding:

The State Board of Education may make provision for boarding children specified in Section I of the Act who must be transferred from their home school district to school districts providing special educational facilities. In no case shall the reimbursement from the State Treasury for this purpose exceed $450.00 per child per year.

Supervision:

Cooperative, helpful supervision by the superintendent, building principal and special supervisor is necessary for success in the program. The attitude of the administrator and teachers will determine the disposition of the normal children toward these pupils. The special teacher should never be used as a substitute for teachers of regular classes. The same importance must be attached to this service as is given to regular teaching.

Case Records:

Individual cumulative records must be kept in the room.

REIMBURSEMENT FOR CLASSES

STATE LAW

SECTION 243. Foundation Program Aid-Level of Support: Recognizing the State's responsibility to guarantee a realistic foundation program for every local school district in accordance with its relative ability to support such program, the shared support in 1963-64 is hereby declared to be a minimum level of State support and as such the State's share shall henceforth be designated and known as the "Foundation Program Aid" determined as follows:

(a) The amount of money for which a school district may qualify shall be determined by dividing the "Total State Aid" received by such district in 1963-64 by the total legal average daily attendance in such district for the same year. This quotient shall be calculated to the nearest dollar amount per child and such amount shall become the State's guaranteed level of support per child in such district. The total Foundation Program Aid due a district shall be its State guaranteed level of support multiplied by the legal average daily attendance for the previous year. The term "Total State Aid" as used above shall include Equalization Aid, Basic Aid, Operational Aid, **Special Education Aid paid from the general State Aid appropriation,** vocational reimbursed programs financed in the Minimum Program, and shall not include State paid transfer fees. Provided each school district having more than ten teachers may use any increase received over the amount of such "Total State Aid" allowed to such district in 1963-64, or so much thereof as is necessary, to provide each full time school custodian a minimum salary of Three Thousand Dollars ($3,000.00) per year. (70-18-7A.)

SECTION 245. Adjustments and Limitations: (c) The State Board of Education is authorized to adjust the 1963-64 level of State support per child provided in Section 7 (Section 243 herein) for the several districts in a county where a district has since changed its administrative supervision from one county to another or in counties where high school programs have been established or discontinued, and for individual districts that have since added or dropped Vocational Reimbursed Programs, Special Education Programs, approved junior high school programs, or where the aggregate teacher increments for experience and/or qualifications have increased or decreased, based on the same number of teachers, or where the minimum program number of teachers in 1963-64 has made an abrupt change by the application of the prior year's attendance, and in cases where there has been an unusual decrease or increase in the gross production tax collections during the prior year or in the current assessed valuation of personal and/or public service properties. These adjustments shall be calculated as additions or subtractions to the Total State Aid which would have been paid to such district or districts during the school year 1963-64 had such changes been in effect during said year.

The above sections from the State Law are the basis for reimbursement of approved special education classes. The complexity of the financial arrangements involved precludes stating the actual amount of money reimbursed to any school district for their special education programs. In general, however, the following approximation can be made.

STATE AID SCHOOLS

For each new program added to a district's special education effort, there will be added to the amount used in obtaining the "Q" figure, an amount equal to 34.8% of the teacher's state aid salary, under the 1963-64 salary schedule based on her degree and her years of experience.

NON STATE AID SCHOOLS

For each new program added to a district's special education effort, there will be added to the amount used in obtaining the "Q" figure, an amount equal to 23.2% of the teacher's state aid salary, which is based on her degree and her years of experience.

The special reimbursement then becomes a part of the foundation State Aid and is not sent to the schools as a special remittance.

TITLE I, SPECIAL EDUCATION CLASSES

A 1967 ruling of the State Board of Education stipulates that the following changes have been made in the Rule 28, Bulletin No. 145-N . . . State Aid will not be calculated on teachers fully reimbursed by other programs for the time of such reimbursement . . .

REIMBURSEMENT FOR SPECIAL SERVICES

SECTION 174. (a) The State Board of Education is hereby authorized to establish all necessary rules and regulations and set the rate of reimbursement for physical and occupational therapists, teachers of homebound children or home-to-school telephone instruction, board and room for transferred handicapped children to attend a special class, travel for transporting handicapped children, and travel for teachers who are required to travel in fulfilling the services to handicapped children in homebound, cooperative, or county programs for exceptional children.

There shall be paid to each school district providing special educational facilities and services for exceptional children, not to exceed the amounts indicated in the following schedule for the purposes stated:

(1) **Salary:** School districts conducting approved home teaching programs must pay teachers of homebound children a minimum per home visit of four dollars ($4.00) per child taught. Approved programs will be reimbursed at the end of each semester. For the first semester, the reimbursement will be seventy five per cent (75%) of four dollars ($4.00) per trip. Reimbursement for the second semester will depend on funds available. If funds are available, all special services will be paid in full plus the twenty five per cent (25%) withheld for the first semester.

(2) **Mileage:** In addition to salary, reimbursement will be made of not more than six cents (6c) per mile for the necessary distance traveled by the teacher of a homebound child only when the teacher has to travel a total of two (2) or more miles for each round trip. The distance figured is from the school the child would attend to the child's home and return to the school.

(3) **School-to-Home Telephone System:** When a physically handicapped child is taught in his home by the school-to-home telephone system, reimbursement will be made of not more than three hundred dollars ($300.00) per year for each child to pay the cost of such services. Reimbursement will be made at the end of each semester.

(4) **Transportation to Special Education Class:** When a school district providing Special Education services pays the transportation cost of a transferred pupil being transported from a point in another district to its own Special Education school or class, the receiving school district may be reimbursed for the actual cost when a public carrier is employed. If a private carrier is used, the district may be reimbursed at a rate not to exceed six cents (6c) per mile to and from school, and the total reimbursement shall not exceed fifty dollars ($50.00) per month or four hundred fifty dollars ($450.00) per child per year. When more than one child is transported in the same vehicle, an additional charge of not more than three cents (3c) per mile per additional pupil may be made.

(5) **Transportation to Regular Class:** When a physically handicapped child is unable to attend any school or class in the district of which he is a resident, the Board of Education of said district

with the approval of the State Division of Special Education is authorized to make provisions for transportation of such a child to attend the regular school in the district where he is a resident. Reimbursement for these services not in excess of four hundred fifty dollars ($450.00) will be made by the Division of Special Education, State Board of Education. Individual cases will be considered on their own merits.

(6) **Special Help:** Schools may arrange for special services for physically handicapped children, with the approval of the Division of Special Education, State Department of Education. Special equipment, devices, books, supplies, optical aids, or other facilities may be purchased. Readers for the blind or the partially sighted and help for the crippled may be provided so that handicapped children may attend regular classes. Reimbursement will be made in line with other Special Education programs, but not to exceed four hundred fifty dollars ($450.00) per child. Individual cases will be considered on their own merits.

(7) Physical and occupational therapists, two thousand five hundred dollars ($2,500.00).

(8) Reimbursement not to exceed four hundred fifty dollars ($450.00) per child per year will be made when school districts make provisions for boarding exceptional children who must be transferred from their home districts to school districts providing needed special services.

(9) Payments will be made for special education of any deaf and blind child, resident of the State of Oklahoma, in any private or public institution, either inside or outside of the State, but in no case shall payment from State funds for such special education, including board and room and transportation, exceed five thousand dollars ($5,000.00) per child per year.

(10) **County and Cooperative Special Education:** County Superintendents may organize and operate special education programs as provided by law. By the same token, two or more school districts are authorized to form cooperative programs to provide special education services. When a teacher is required to travel from one school to another, serving those who need special training, the teacher's travel cost between the schools may be paid at a rate of six cents (6c) per mile. Reimbursement, not to exceed four hundred fifty dollars ($450.00) will be made by the Division of Special Education, State Department of Education.

METHOD OF REIMBURSEMENT

Special services are reimbursed from a fund established by Legislative action. These funds are separate from the funds used for reimbursement of special classes. Reimbursement for special services will follow the schedules as stated in the foregoing sections and will be handled in the following manner:

(1) They must have a Preapproval Application for the special service on file with the Special Education Division.

(2) Applications for Aid will be sent by the State Division of Special Education to each school district that has on file an approved Preapproval for a special service. These applications will be mailed to the districts at the end of each semester. The first semester's Applications for Aid should be returned within thirty (30) days from the end of the first semester. The second semester's Applications for Aid must be returned by June 15.

(3) Applications for Aid will be checked and claims will be mailed to the school districts for the amounts to be reimbursed.

(a) First semester reimbursement will be 100% except when the claim exceeds the limitation imposed by the regulations governing the special services. **For the homebound teacher, reimbursement will be seventy five percent (75%) of four dollars ($4.00) per teaching trip.**

(b) Reimbursement for the second semester will depend on funds available. If sufficient funds remain in the special account, 100% of the approved claims subject to limitations imposed by the regulations will be paid plus the twenty-five percent (25%) of four dollars ($4.00) per teaching trip withheld the first semester. If insufficient funds remain in the special account, the claims will be prorated.

TEACHER QUALIFICATION AND CERTIFICATION

The special education teacher should be well prepared for the challenging task that is hers. In addition to her academic experience she must be genuinely fond of handicapped children and have an earnest desire to help them. She will need an abundance of available energy and enthusiasm for her work.

Just as the whole child goes to school, so the total personality and experience of the teacher determines her influence. Certain components of the total personality are listed as desirable for the special teacher.

1. Good physical health is essential. (The demands of the special teacher are many, and the ability of the teacher to meet these demands often depends on her physical condition.)

2. Mental health is extremely important for those who work with handicapped children. Unless the teacher is well adjusted, she will be limited in ability to guide and aid children or their parents.

3. A pleasant voice, a winning disposition, and an attractive personal appearance are assets in any classroom.

4. Ability to carry on classroom management is especially important. Many adjustments will have to be made in the curriculum, in daily schedules, and in long range planning. Resourcefulness and ingenuity enable many teachers to meet all of these problems.

5. The worth of the teacher will be greatly enhanced if she knows the community agencies which sponsor recreation, vocational guidance, workshops, and other resources for the handicapped. This knowledge will enable her to guide the children toward a better adjusted life.

6. Certain professional training is also necessary. At the outset the teacher should survey the types of special education services offered in Oklahoma and select the particular area in which she is especially interested or best qualified to enter. The term, "special education," denotes the offering of educational services more highly specialized than those found in the regular classroom. This means that the teacher must have specific training in order to provide these services.

At the present Oklahoma's program includes classes and services for children who are educable mentally handicapped, trainable mentally retarded, speech defective, physically handicapped (any cause), deaf and hard-of-hearing, blind and the partially sighted, and emotionally disturbed. Many special education courses include training for teaching any of these classes. However, specific preparation for teaching in each type of class will be necessary if professional service is to be rendered. To obtain the best preparation the teacher should select the educational institution which specializes in the particular area wherein she is interested.

Since special education is comparatively new in Oklahoma, it is recognized that many teachers will have to begin with a minimum amount of training, but it is expected that they will continue their preparation until the requirements for a standard certificate are met. With this in mind the State Board of Education has approved the standards which follow below for a five-year standard, a three-year provisional, and a one-year temporary certificate.

REQUIREMENTS FOR TEACHING CERTIFICATES

Requirements for the Standard teaching certificate.

1. All general requirements.
2. A bachelor's degree from an institution approved for teacher education based upon the completion of a program approved by the State Board of Education for the education of teachers of physically handicapped and slow learning children in the elementary and secondary schools, including:
    a. A minimum of fifty semester hours in general education designed to develop a broad cultural background with work in at least six of the following (1) English (oral English, written English, and literature), (2) social studies,* (3) health and physical education, (4) science, (5) mathematics, (6) psychology, (7) foreign language, (8) fine arts, and (9) practical arts.
    b. A minimum of twenty-one semester hours in professional education, including at least nine semester hours in student teaching, methods, and materials.
    c. A minimum of twenty-four semester hours of college credit in Special Education subjects.

Requirements for the Provisional teaching certificate.

1. All general requirements.
2. A bachelor's degree from an approved college or university with the following minimum requirements:
    a. A minimum of fifty semester hours of college credit in general education designed to develop a broad cultural background.
    b. A minimum of fifteen semester hours of college credit in professional education, including student teaching, methods, and materials.

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*Applicant may satisfy the general requirement in American history and government and Oklahoma history as a part of his required general education.

c. A minimum of sixteen semester hours of college credit in Special Education subjects.

Requirements for the Temporary teaching certificate.

1. All general requirements.
2. A bachelor's degree from an approved college or university with the following minimum requirements:
    a. A minimum of forty semester hours of credit in general education designed to develop a broad cultural background.
    b. A minimum of twelve semester hours of credit in professional education, including student teaching, methods, and materials.
    c. A minimum of eight semester hours of college credit in Special Education subjects.

Conversion Program for Certification in Special Education.

Since one of the chief sources of special education teachers is the experienced and qualified teachers from the regular elementary and secondary classrooms, it becomes necessary to develop a realistic and workable plan for the certification of such teachers as they transfer from regular teaching to the field of special education. Therefore in March, 1954, the State Board of Education, upon the recommendation of the Oklahoma Commission on Teacher Education and Certification, adopted a five year conversion program for the certification of such persons. This program is not planned to replace regular certification based upon a four-year under-graduate program of preparation in an approved Oklahoma institution, but it is designed to facilitate the transfer of fully qualified regular classroom teachers to the special education field.

Certification under the conversion program is provided in the following special education areas: (1) speech correction, (2) educable mentally handicapped, (3) physically handicapped, and (4) sight conservation. A general special education certificate will be granted to a teacher meeting the certification requirements under the conversion program in any one of these special education areas.

To be eligible for certification under the conversion program an applicant must meet the following general requirements: (1) hold not less than a bachelor's degree, (2) meet the professional and general education requirements for the standard teaching certificates, and (3) have not less than two years teaching experience. In addition to meeting these general requirements, a definite pattern of preparation must be completed for certification in the respective areas. It should be noted that all certificates are issued upon recommendation of the preparing institutions and their requirements supersede the following minimum requirements:

Mentally Handicapped

A minimum of two semester hours is required in each of the following three specified areas:

1. Curriculum and methods of teaching mentally retarded children.
2. Introductory course to the study of exceptional children.
3. Speech correction.

Not fewer than eight semester hours in selected, related courses are required to include a minimum of six semester hours in two or more of the following areas:

1. Art.
2. Child care.
3. Education of physically handicapped children and two or more semester hour's credit in (a) remedial or diagnostic reading[1] and (b) arts and crafts[2].
4. Home economics.
5. Industrial arts.
6. Mental hygiene.
7. Tests and measurements.

Physically Handicapped

A minimum of two semester hours is required in each of the following three specified areas:

1. Education of physically handicapped children.
2. Introductory course to the study of exceptional children.
3. Speech correction.

Not fewer than eight semester hours in selected, related courses to include a minimum of six semester hours in two or more of the following areas are required:

1. Art.
2. Child care.
3. Curriculum and methods of teaching mentally retarded children and two or more semester hours credit in (a) remedial or diagnostic reading[1] and (b) arts and crafts[2].
4. Guidance.
5. Home economics.
6. Industrial arts.
7. Mental hygiene.
8. Tests and measurements.

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[1] Required of those preparing to work with slow learners at the junior- and senior-high level, elective for those preparing to work at the elementary level.

[2] Required of those preparing to work with slow learners at the elementary level, elective for those preparing to work at the secondary-school level.

Sight Conservation

A minimum of six semester hours is required in the specific areas for the preparation of teachers of sight saving classes, including:

1. Clinical and laboratory study of eye conditions and problems.
2. Methods in sight saving classes.
3. Practice teaching with partially sighted children.

Not fewer than eight semester hours are required in at least two of the following related areas:

1. Arts and crafts.
2. Curriculum and methods of teaching slow learners.
3. Education of physically handicapped children.
4. Introductory course to exceptional children.
5. Mental hygiene.
6. Remedial or diagnostic reading.
7. Tests and measurements.

Speech Correction

A minimum of 20 semester hours is required in special preparation for speech correction. These shall include:

1. A course in phonetics or voice science.
2. A course in the principles of audiometry.
3. Three courses in speech correction and/or speech pathology, including one course in supervised clinical practice.
4. An introductory course in the study of exceptional children.
5. A course in the teaching of speech reading.

Courses offered as a part of the conversion program for special education teachers should, in the prescribed areas, provide the experienced teacher with the following basic understandings, skills, and experiences:

1. A philosophy of education which also includes the exceptional child.
2. A knowledge of the history of the education of exceptional children.
3. A knowledge of the extent of handicapping conditions among children of school age.
4. Descriptions of the conditions which make children exceptional.
5. Provisions for exceptional children under the **Oklahoma School Code.**
6. Experiences with exceptional children through field trips to observe them.

7. Basic knowledge of the methods of organization to meet the educational needs of retarded children.
8. Methods of testing, diagnosis, and classification of retarded children.
9. Specific curriculum development for younger and older retarded children.
10. Guidance, particularly vocational guidance of retarded children.
11. Skills in the utilization of arts and crafts in the teaching of retarded children.
12. Techniques in teaching reading to children who are both educationally and mentally retarded.
13. Acquaintance with the various types of speech defects and the ability to deal with some of the simple types of articulatory disorders.

VISITING COUNSELOR CERTIFICATION REQUIREMENTS
(Effective October 1, 1965)

Provisional Visiting Counselor's (School Social Worker) Certificate Program

1. The applicant shall satisfy all general requirements of eligibility.

2. The applicant shall meet one of the following alternatives:
   a. Two years of experience as a classroom teacher.
   b. Graduate from an accredited school of social work.
   c. One year's work in an accredited school of social work, plus one year's experience as a professional worker in an agency offering social casework services.*
   d. One year's work in an accredited school of social work, plus one year as a classroom teacher.*

*The one year's work in an accredited school of social work shall include social casework and supervised field work experiences.

3. The applicant shall have completed a minimum of 16 semester hours of work which shall count toward meeting requirements for the standard certificate, at least eight of which shall be at the graduate level, including a minimum of one graduate course in the field of social work.

Standard Visiting Counselor's (School Social Worker) Certificate Program

1. The applicant shall satisfy all general requirements of eligibility.

2. The applicant shall have had two full years of satisfactory experience as a visiting counselor.

3. The applicant shall meet one of the following alternatives:
   a. Two years of experience as a classroom teacher.
   b. Graduate from an accredited school of social work.
   c. One year's work in an accredited school of social work, plus one year's experience as a professional worker in an agency offering social casework services.*

*The one year of work in an accredited school of social work shall be a minimum of 28 hours of social work courses which shall include social casework and supervised field work experiences.

4. The applicant shall have completed not fewer than 8 semester hours of graduate work in social work which shall include social casework procedures with field work experiences recommended.

5. The applicant shall have completed, in addition to satisfying the above requirements, 18 semester hours of professional education to include work in each of the following areas, provided that 10 semester hours of this work must be at the graduate level:
   a. Foundation, issues, and problems of education.
   b. Human growth and development.
   c. A general course in the area of the exceptional child, plus work in at least two or more of the following areas: abnormal psychology; elements of school administration; guidance and counseling; individual psychological testing; mental hygiene; psychology of learning; special education; statistical methods; supervised experiences and/or field work; advanced courses in education and/or psychological tests and measurements.

ADMINISTRATION OF SPECIAL EDUCATION

STATE RESPONSIBILITY

The Division of Special Education was created by the State Board of Education for the purpose of providing leadership in establishing and developing services for handicapped children throughout the State. It is charged with the responsibility of seeing that the rules and regulations of the law relative to Special Education are observed in order that the funds appropriated may serve the purpose for which they were intended.

The chief services of the Division of Special Education consist of (1) providing over-all leadership and direction to the program; (2) approving special education programs after they have met the minimum standards; (3) allocating available funds to districts for homebound instruction and other special services; (4) promoting in-service training for teachers; (5) collecting and reporting information; (6) assisting in public relations; (7) acting as a consulting agency.

LOCAL RESPONSIBILITY

At the outset it must be recognized that Special Education is a part of the regular educational program and as such is a direct responsibility of the local administration. The success or failure of such a program will depend in a large measure on the soundness of administrative policies in establishing and maintaining these services.

The first step is to make a comprehensive survey to determine the number and type of children in the district who are in need of special services. This survey must include those children who are not enrolled in school, since many of these children are not in attendance because the regular school program does not, or has not, met their need. Special techniques for determining the extent of the need are discussed under the headings devoted to the various types of handicapped children.

If the survey discloses a sufficient number of any one group to warrant the establishment of a special class or classes, the administrator should carefully consider the advisability of such a step in the light of added classroom space and equipment required, the availability of the type of teacher to assure success, and teacher-community acceptance. It is not expected that any school will begin with an ideal program, but will begin where it is and develop in the right direction. However, there are some obvious minimum essentials that must be met at the outset.

In these days of crowded schools, the problem of added classroom space sometimes seems insurmountable and it may seem impossible for the administrator to make provision for the handicapped children; however, it should be recognized that these children have a right to their share of what is available.

The types and amount of equipment will vary with the number and kind of special classes organized. For the educable mentally handicapped class, it will be very little in excess of what is required for any well-equipped regular classroom, but for the hard-of-hearing, the orthopedically handicapped, the blind and partially seeing and children with specific learning disabilities, certain special equipment is a must. Previously in this bulletin the qualifications of the special teacher were discussed, but it is well to repeat for emphasis that she is the most important factor in the success of any program.

FUTURE BUILDINGS

In planning future buildings, boards of education are urged to take into consideration the needs of handicapped children. Better accommodations can be obtained at less expense if provisions are made for adequate space for special classes when the structure is being erected.

EDUCABLE MENTALLY HANDICAPPED

EDUCABLE MENTALLY HANDICAPPED DEFINED:

The educable mentally handicapped are children who can be taught some academic work, but who are mentally retarded to the extent that their development is hindered in a regular classroom. These children need special educational facilities.

INCIDENCE:

On the basis of national estimates about 2 to 3 per cent of the total school population are educable mentally handicapped. The original entries in the public schools of Oklahoma for the year 1967 was 572,206. Based upon this figure, there would be approximately 17,166 in Oklahoma who are eligible for special classes for the educable mentally handicapped.

LOCATING AND IDENTIFYING THE EDUCABLE MENTALLY HANDICAPPED:

The determining factor in choosing candidates for this special education class is mental retardation. Children whose intelligence quotients fall within the range of approximately 50 to 75 are eligible. Group intelligence tests can be used for rough screening, but **an individual intelligence test should be administered before a student is placed in the class.** Achievement tests, teachers' opinions, and school records are helpful criteria for validating the intelligence test result. There are a number of well-standardized tests that are acceptable as screening devices. Upon request, the Division of Special Education will furnish consultants to assist in planning the program.

The following step-by-step outline might prove helpful when screening for children who could profit by this type of instruction:

1. Children suspected of being eligible candidates should be referred by classroom teachers.
2. The school cumulative records of all children should be examined to find possible candidates not referred by the teachers.
3. All children selected should at least be given group intelligence tests, and preferably an individual intelligence test. They should have an achievement test also if they have not been tested previously.
4. After the children who seem to be eligible have been located, they should be discussed in a staff meeting of teachers and principals who know the children. All school personnel who know a child should be in general agreement that a special class will be better for him than the regular classroom.

ESTABLISHING CLASSES FOR THE EDUCABLE MENTALLY HANDICAPPED:

Experience with these classes has indicated that there are factors other than proper screening of the candidates which play a large part in the success of the program.

Size of Class: The regulations of the State Board of Education specify a minimum of eight (8) and a maximum of twenty (20) for a special class. The maximum is twenty-two (22) pupils per class if the equivalent of one (1) half-time aide is used and twenty-three (23) pupils per class if one (1) full-time aide is used. Local conditions will determine the size of the class within these limits. Factors which should be considered include such things as the physical and social maturity of the children, experience of the teacher, degree of the defect of the children as a group, range of grade readiness in the group, and other responsibilities required of the teacher (such as lunch room supervision, testing, or home visitation). In general, the teaching load should not exceed the equivalent of fifteen immature or very defective children.

Eligibility for Placement: A child who obtains an IQ score between 50 and 75 on an individually administered intelligence test or who is recommended for placement by a qualified psychological examiner is considered eligible for placement in a special class for educable mentally handicapped children. If a special recommendation is made, the examiner in his psychological summary must give the reasons for his recommendation. The summary must also state specifically the type of placement suggested, i.e.: a class for the educable mentally handicapped, a class for the emotionally disturbed, etc. Children who are academically retarded because of emotional disturbance or social mal-adjustment are **not** eligible for classes for the educable mentally handicapped under any circumstances. Care should be exercised to assure that a child is actually eligible before placement is made. In the event that scores on an intelligence test are not consistent with grades, school achievement or teacher's observation, an alternate form of an appropriate test should be administered to validate the previous testing before placement is made.

Members of the Faculty: School personnel, other than the special education teacher, should understand the basis upon which children for this class are selected. They should know that these children cannot "catch up" with their age group, even with the help of a special education teacher who has only a small number of children in her room compared to the number in the regular class. The regular teacher should understand that the emphasis in the special education class is not upon academic skills and that the class activities will not be the same as they are in their own classroom. The special education class will have more freedom, many "field trips," and much that the regular classroom teacher is accustomed to seeing during an "activity" period. Eligible candidates for the class are not "problem children," "lazy children," "dull normal children," or any combination of these, but they are children who are unable to function on the level necessary to master the work required in the academic curriculum of the regular classroom and, therefore, need a special curriculum designed to satisfy their needs.

County Units: County superintendents may organize and operate special education programs as provided by law. Reimbursement of special education funds will be made to each participating school district on a proportionate basis.

CLASSROOM ORGANIZATION:

The Teacher: In addition to having a special education certificate, there are some attitudes and personality factors necessary for a teacher of the educable mentally handicapped. She must be able to place the emphasis of her teaching upon social skills and the individual adjustment of each child to his total environment, rather than upon academic work. She must be interested to the degree that she will study each child and learn his peculiar needs. A teacher who has taught in regular classrooms for many years has learned to measure her success by the academic achievement of the children she teaches. She has felt that unless the child achieves academically, she has failed as a teacher. A regular classroom teacher who moves into special education must be able to accept this change in emphasis from academic to social skills. These children with whom she now works will fall further behind their own age group every year in academic achievement even with the finest teacher, because they are progressing at a much slower rate than normal children. Very few mentally retarded children at maturity will have progressed beyond the fourth or fifth grade level, but most of them can learn the social skills necessary to be accepted in our culture. They can become the kind of person who is a good citizen, and they can acquire a sense of personal worth. Naturally, the academic skills that the children can master without pressure should be taught.

There can be a certain amount of social stigma attached to being a member of a class for mentally handicapped. The teacher must be the kind of person who will make up the difference to these children. She must be able to gain the confidence and the support of the other teachers and the parents, as well as the school administration. According to the standards of the traditional classroom teacher, the children in the class "play" most of the time and never "learn" much. She must believe in the objectives of her teaching.

She will have few children in comparison with the overcrowded rooms of the regular teacher and will receive more pay; therefore, she must be able to "sell" her program.

The teacher will have the problem of organizing within the class. She will find that her pupils not only vary widely in chronological age, but in mental ages and reading achievement. In many instances the objective data utilized in placement can be used by the teacher for class organization or for measuring individual progress. It is felt that no teacher can efficiently organize her class or objectively evaluate individual progress in the basic skills without constantly referring to this data, or equivalent data gathered by herself.

As has been indicated elsewhere, special education is a part of, and not apart from, regular education. Originally, boys and girls in need of special educational services were gathered together in a separate building with little or no opportunities to associate with other children. Later, they were assigned to a special room in the regular school building, but were not permitted to participate in any activities outside of their group. The present trend is to allow these children to participate in all the activities of the school separating them only where it is necessary. In an elementary school the educable mentally handicapped would be taught the basic skills and subjects requiring a mastery of these skills by a special teacher. These same pupils could very well take physical education, music, art, etc., with a larger group composed of special and regular pupils. It is taken for granted that the special classes will attend all regular school assemblies and other group activities of the building in which they are located.

In beginning this program, questions arise as to grading and promoting policies. Each school will have to be governed by its own philosophy of education. It would seem to be a part of wisdom to give these children the same type of grades as are used in other classes (A, B, C, or S and U), but let the grade given represent individual progress. In most instances pupils retain their grade classification in the special room so it would be the normal thing to promote them from one special grade to the next. To assure proper placement in case of transfer, complete records should accompany these pupils.

Classroom: The room for educable mentally handicapped children is of great importance since the children usually occupy that room for several years. It should be larger than most rooms in order that the various activities may be carried on in it. It should be attractively furnished and decorated, and a special effort should be made to produce healthful surroundings for these children.

The room must be located so that the children will not acquire the feeling that they are excluded from the rest of the school. Even in schools where only the mentally retarded attend, every opportunity should be taken to lessen the feeling of being different from the children of the regular classroom.

Grouping: There are four levels of instruction in a developmental program for the educable mentally handicapped: (1) Primary, (2) Intermediate, (3) Junior High, and (4) Senior High. The child's chronological age, degree of mental retardation, and level of academic achievement will largely determine the level at which he will be placed in the special education program.

The primary program is designed for children whose chronological ages would place them in grades one, two, or three if they were able to work effectively in a regular classroom.

The intermediate program is oriented toward the needs of children whose chronological ages would ordinarily place them in grades four, five, and six if they were able to perform at chronological expectancy.

The Junior High program is designed to provide instructions and guidance for students whose chronological ages would ordinarily place them in Junior High School.

The Senior High program is designed to provide instruction and guidance for students who are sixteen years of age and older.

Curriculum: The curriculum for educable mentally handicapped children should provide realistic educational experiences at each child's mental level. Special attention should be given to the use of concrete situations in attaining the basic purposes of the education of all American children, namely, self-realization, human relationships, civic responsibility, and economic efficiency. The curriculum should, at all times, be adapted to the needs, interests, and welfare of the child. A brief discussion of curriculum content follows; however, a complete guide for teachers of the educable mentally handicapped is available from the Division of Special Education of the State Department of Education.

Academic: It has been observed by those experienced in this field that the educable mentally handicapped child, as previously defined, usually achieves academically to about the third grade level. A few cases may advance to a fifth grade area, but very seldom have they been known to attain a higher standard of academic ability. For this reason, it would seem that the curriculum for the educable mentally handicapped child should be plotted on broad horizonal lines rather than the steep vertical ascendencies which typify the curriculum for the normal child. Such a plan takes into account differences in area, level, and speed in the learning process. This implies that the child will not be able to handle concepts as broad or complex, or will not be able to reach a height in abstract thinking, or function as rapidly in mental processes, as would ordinarily be the case for the average or above average child.

The curriculum will usually contain an abundance of activities which employ the use of field trips, audio-visual aids, arts and crafts, music, dances and rhythms, sewing, cooking, construction, games, etc., all designed to give experience where experience is needed, not just busy work. In all of these, desirable practices in health, social situations, group planning, evaluation, and citizenship must always be emphasized. As for all education, the essential objectives of special education for the educable mentally handicapped are self-realization, human relationships, economic security, and civic responsibility.

Interest Activity Units: An intense activity unit with systematic instruction provides the greatest learning effectiveness for the educable mentally handicapped. The child is motivated to participate in many situations where he meets real and immediate needs for the mastery of certain skills. These realized needs lead to study, investigation, construction, and finally a mastery of the desired skill necessary for the completion of the particular task at hand. Because of the educable mentally handicapped's limited abilities in transference of acquired knowledge, he must be taught systematically to apply these skills to other situations which frequently arise in his everyday experiences.

The interest activity unit is built upon the following principles of learning: (1) Experiences build meaningful concepts; (2) Oral vocabulary is presented after concepts have been established; (3) Written vocabularly follows; (4) Learnings are systematically presented; and (5) Learnings are within the capacity of the child to achieve.

Games: Games for the educable mentally handicapped group should be selected in accordance with their therapeutic value to the particular group that employs them. It is important to select different types of activities in order to develop certain muscular skills, habits, and social behavior. Some of the commonly used types are: hunting games, relay races, stunts, athletic games, rhythmical games, mimetics, and singing games. A good game is one that the children like to play. It should require simple directions and little or no equipment. There should be an objective and some outcome such as alertness, speed, or accurancy emphasized.

It will be observed that it is more difficult to hold the attention of this group than one having more nearly the same ages. They have a tendency to scatter or form two or more groups or play individually. If interest is lagging in a group game, it may be wiser to divide them or allow free play. More will be accomplished by assisting different groups in whatever game they have chosen than by trying to hold such a varied age group together.

Children who have particular athletic ability should be encouraged to participate in the regular school athletic program.

Arts and Crafts: Much of the training of the educable mentally handicapped child must come through handwork. The retarded child has no special talent for arts and crafts, but he has a more urgent need for handwork as a means of self-expression, interpreting, and giving form to his ideas. The skillful teacher will use this type of instruction as a means of applying reading, arithmetic, spelling, etc., in life situations.

It is generally agreed that about half of the school time of children with very low mental ability should be utilized in teaching them various handicrafts suited to their particular abilities or needs. The amount of time thus spent will vary with the type of group being taught and the training of the teacher. Special teaching techniques for instructing the educable mentally handicapped should be employed and the best of materials and equipment should be used. Makeshift materials discourage the child. Handwork should be planned in accordance with the short attention span of the child and the avoidance of fatigue.

There must be careful analysis of the craft needed, and its suitability for the child who is to do the work. Weaving, for its simplicity and quieting effect, is an ideal craft for the educable mentally handicapped; however, posture and lighting should be checked periodically. Skills used are counting, measuring, combining colors, etc. This craft will stimulate such mental action as interest, concentration, and initiative. It is a superb co-ordinator of mental and hand skills.

Easel painting, finger painting, and clay modeling are excellent crafts to employ as a means of emotional release and self-expression. Woodwork is used successfully to develop eye and muscular coordination and, of course, many other skills.

Leather work, because of its tedious nature, is not encouraged for the educable mentally handicapped. The teacher will need to exercise her own judgment concerning the appropriateness of such crafts as knitting, crocheting, embroidering, etc., for a given child.

Music and Rhythm: The aim of the music program for the educable mentally handicapped is not the developing of an art, but a medium through which his need for group participation can be successfully accomplished. It can provide him with an appealing release of energies and emotions, and help him to develop an appreciation of social, cultural, and civic values.

These children should be permitted to sing in the school chorus since this is one of the most effective forms of group participation.

SPECIAL EDUCATION— VOCATIONAL REHABILITATION COOPERATIVE PROGRAM FOR SENIOR HIGH EDUCABLE MENTALLY HANDICAPPED YOUTH

Purpose:

The purpose of this cooperative program is to offer mentally handicapped individuals the opportunity to advance at their own rate of development in an effort to reach the objectives of education within the limits of their capabilities. It provides a realistic transition from school to the world of work. This program enables public school special education and vocational rehabilitation to work together in a coordinated effort to help handicapped youth make this transition.

The Program:

The cooperative program does not change any present requirements for special education class approval, reimbursement procedures and financing, or special education laws and regulations.

This program is considered terminal and is therefore not concerned with meeting college entry requirements. The program is centered around the realization that mentally handicapped youth in the educable range of intelligence cannot meet the academic standards established for normal youth. However, they must obtain the same number of units of school work as is required of all students. Courses such as English, mathematics, science, and history have been renamed and are designed to specifically teach communication skills, life science, occupational skills, computational skills, social skills, etc. Their transcripts reflect their achievements and not the same skills and competencies as expected of normal youth. The transcripts of these students will clearly indicate they have not completed the required courses for college entrance. Their elective units may be work experience or work training similar to those available in other work-study programs. The type of certificate or diploma to be awarded the graduating student is left to the discretion of the local school district.

The Teacher-Coordinator:

Each participating school district has a special education teacher or teachers and a vocational rehabilitation counselor or counselors (full time or part-time) assigned to the program to provide the coordinated services of both agencies. The teachers spend a portion of their school day in securing jobs for the students, supervising students on the job, and making home visits.

The Curriculum:

This program provides a realistic transition from school to the world of work. This transition is accomplished through combining realistic school experiences with work experiences either on-the-job or on appropriate training stations. Students must be under the supervision of the Teacher-Coordinator (Special Education) for at least one-half of their school day.

The curriculum includes four and one-half (4½) units (grade 9), and six (6) units of required courses (10-12):

*1. Communicative Skills—3 units
*2. Social Studies (American History)—1 unit
*3. Life Science—1 unit
*4. Computational Skills—1 unit

The remaining units necessary to complete the required 18 units for graduation will be chosen from the following:

*1. Co-op Training (work experience or on-the-job training) Maximum—7½ units (Max. 3 units per school year)
*2. Home Training—Maximum 3 units
*3. Vocations—Maximum 3 units
4. Physical Education—Maximum 3 units
*5. Arts and Crafts—Maximum 6 units
6. Choir—Maximum 3 units
7. Shop Courses—Maximum 7½ units
8. Other appropriate electives as recommended by the cooperative program team

A curriculum guide for this program is available.

Establishing a Cooperative Program:

School districts interested in establishing a cooperative Special Education-Vocational Rehabilitation Program for educable mentally handicapped youth at the senior high level should contact the Special Education Division of the State Department of Education. A joint conference will then be arranged with the local school officials and personnel from the Divisions of Vocational Rehabilitation and Special Education to discuss the steps that will be necessary to organize and operate the program.

SELECTED REFERENCES

American Journal of Mental Deficiency, American Association on Mental Deficiency, 372 Broadway Ave., Albany, N. Y.

Cruickshank, W. M., and Johnson, G. O., **Education of Exceptional Children and Youth,** Englewood Cliffs, N. Y., Prentice Hall, Inc., 1958.

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*Teacher-Coordinators are qualified to teach these subjects to Special Education students.

Kirk, S. A., and Johnson, G. O., **Educating the Retarded Child,** Boston: Houghton, 1951.

Levinson, Abraham, **Mentally Retarded Child,** New York: Day, 1953.

Loewy, Herta, **Retarded Child,** A guide for parents and teachers, New York: Philo. Library, 1952.

Occupational Education, Board of Education of the City of New York, Bureau for Children with Retarded Mental Development, 224 E. 28th Street, New York 16, N. Y.

Oklahoma Curriculum Guide For Teacher-Coordinators of Educable Mentally Handicapped Students, Volume IV, Special Education-Vocational Rehabilitation Cooperative Program, Grades 10, 11, 12, Division of Special Education, Oklahoma State Department of Education, 1966.

Oklahoma Guide for Teachers of Educable Mentally Handicapped Children, Division of Special Education, Oklahoma State Department of Education, 1960.

Sarason, S. B., **Psychological Problems in Mental Deficiency,** 2nd ed., New York: Harper, 1953.

Stacy, C. L. and DeMartino, M. F., **Counseling and Psychotherapy with the Mentally Retarded,** Glencoe, Ill., The Falcon's Wing Press, 1957.

TRAINABLE MENTALLY RETARDED

TRAINABLE MENTALLY RETARDED DEFINED:

The "trainable" may be defined as a child whose mental development is so severely retarded that he is incapable of being educated in academic subject matter areas. He can be trained, however, in the areas of self-care, social skills and economic usefulness. With proper training many of these can live in society with minimum supervision and engage in gainful employment under supervision in a sheltered environment.

INCIDENCE:

It has been estimated that the number of "trainables" found in a normal population is equal to about .3 per cent. On the basis of this percentage, it is estimated that there are about 1,716 such children of legal school age in Oklahoma.

LOCATING AND IDENTIFYING THE TRAINABLE MENTALLY RETARDED:

Because of the severity of the handicap of these children it is important that they be located and called to the attention of the school authorities as early as possible. It, therefore, becomes the responsibility of the family physician, school census taker, state and county health authorities, welfare workers, and other community agencies to make the school cognizant of these children as soon as they are located. This is especially true for children who are of legal school age, but whose parents have failed to enroll them because of their handicap. Many of them are enrolled in schools when they become of legal school age. It then becomes the responsibility of the school to identify these children by means of the methods outlined under Locating and Identifying Educable Mentally Handicapped Children.

ESTABLISHING CLASSES FOR TRAINABLE MENTALLY RETARDED:

The 1957 session of the Oklahoma Legislature placed the education of trainable mentally retarded children on the same basis as other classes for exceptional children of the public schools. The reimbursement for these classes will be the same as for any other public school special education class.

Size of Class: The size of a class for trainable mentally retarded as regulated by state law requires a minimum of five (5) and a maximum of ten (10) children who have been tested and recommended for special class placement by a qualified psychological examiner. The maximum is twelve (12) pupils per class if the equivalent of one (1) half-time aide is used and thirteen (13) pupils per class if one (1) full-time aide is used.

Eligibility for Placement: The children eligible for these classes are those who attain an Intelligence Quotient of approximately 30 to 50 on individually administered intelligence tests, and/or those who are recommended for placement by a qualified psychological examiner.* They are children of legal school age, who are ambulatory and well enough to engage in class activities. They must be able to take care of their toilet needs, communicate wants, and understand simple directions. In addition they must be able to adjust well enough socially so that they do not constitute a danger to themselves or others, and must be emotionally stable enough to engage in activities of the classroom. Most school districts follow a practice of enrolling trainable children in special classes on a trial basis. The final decision for permanent enrollment is made after a period of observation and study of the child. During the trial period the teacher maintains contact with the parents, reporting progress or lack of it as the case may be.

The Parents: As has been previously pointed out under the discussion of Educable Mentally Handicapped, it is most difficult for parents to accept the reality of mental retardation of their child. They tend to take mental retardation as a reflection upon themselves and are threatened by the fact that their child cannot progress in school in the same manner as "normal" children. It is especially important that the parents of trainable children have someone with whom they can talk over the problem in order to come to a better understanding and acceptance of their child's limitations. Parent counseling and parent study groups may be conducted by the special education teacher, school administrator, school counselor, school psychologist, director of special education or other qualified personnel.

County Units: County superintendents may organize and operate special education programs as provided by law. Reimbursement of special education funds will be made to each participating school district on a proportionate basis.

CLASSROOM ORGANIZATION:

The Teacher: The teacher must have a certificate to teach mentally retarded children. In addition to her academic qualifications, the teacher should have the ability and desire to define the individual needs of her children, and to devise classroom experiences for them that will help satisfy these needs. She should be honest with the parents and with her fellow teachers with regard to what she believes she can help the children to achieve; and above all, she must be able to accept the children emotionally.

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*Children with I.Q's ranging from approximately 50 to 60 may be placed in either a class for educable mentally handicapped or trainable mentally retarded upon a recommendation of the examining psychologist.

The Classroom: Classrooms for trainable children should conform to requirements of any classroom in terms of classroom size, equipment, lighting, etc. In addition, where possible, these classrooms should have an individual entrance with access to the playground. It is most helpful for the teacher if the room is equipped with running water and toilet facilities either in or immediately adjacent to the classroom.

Curriculum: The general objectives of the curriculum differ somewhat from the academic objectives of a regular curriculum. A brief discussion of the curriculum and its goals follows. For a more complete description of the recommended curriculum for these children, the reader is referred to the Oklahoma Guide for Teachers of Trainable Mentally Retarded Children. This guide is available from the Division of Special Education of the Oklahoma State Department of Education.

The school program for these children is not expected to "cure" the children nor make them independent members of our society. It is designed to help the child learn to better care for his personal needs at home (self-care), get along with others in the home, the school, and the neighborhood; respect property rights; and in general, manage his own affairs in a social group and in a restricted environment (social adjustment); and learn to do things, not only for himself, but for others. This latter objective has been called economic usefulness, which means simply do some chores around the house to assist the mother and father, and/or do simple work under supervision in a sheltered environment.

The activities of the curriculum should be selected and designed to furnish experience which will help toward the realization of these objectives of **social adjustment, self-care,** and **economic usefulness,** as defined above. Activities in physical training, language development, music, and arts and crafts can be selected and taught so as to give realistic experiences in these areas.

Specific abilities in the area of **social adjustment** involving participation and accepting of responsibility are: sharing, taking turns, cooperating, appreciating, recognizing limits, following directions, respecting his own and others' property, making choices, and developing work habits.

Specific abilities in the area of **self-care** involving the development of personal routines, health routines, and safety routines are: the use of clothing (dressing and undressing), eating (handling food and utensils, and table manners), resting (preparation for rest, and rest), grooming (care for hands, face, nose, hair, and body), toileting (use of bathroom, proper terms, and care of self), recognizing simple precautions (use of toys, controlling of personal conduct, and care for belongings), obeying safety rules (recognize dangerous objects), use of household appliances (recognize fire and air-raid warnings, learn traffic precautions, and inform others when hurt).

Specific abilities in the area of **economic usefulness** are abilities involving: preparing and serving simple meals, cleaning, making beds, shining shoes, laundering, caring for yards, running errands, sewing, sorting, folding, stuffing envelopes, stamping, and woodworking. The activities involved in teaching these abilities are multitudinous and will be discovered and developed by every teacher.

SELECTED REFERENCES

Akron Public Schools, **Curriculum Guide, Special Education,** Vol. 2, Akron, Ohio, 1952.

American Journal of Mental Deficiency, (372 Broadway, Albany 7, New York).

Chamberlain, Naomi H., and Moss, Dorothy H., **The Three R's for the Retarded.** New York: National Association for Retarded Children.

Children Limited, (National Association for Retarded Children, 99 University Place, New York 3, N. Y.). Published four times yearly.

Child Training Leaflets. "Discipline," "Obedience," "Temper," "Lying and Stealing," "School," "Sex," "Destructiveness," New York 19: Human Relations Aids, Division of MRMC, Inc.

Exceptional Child, (International Council for Exceptional Children, 1201 16th Street, Washington, D. C.). Published eight times yearly.

Frank, John P., **My Son's Story,** Alfred A. Knopf, New York, 1952, 209 pp.

Ingram, C. P., **Education of the Slow-Learning Child,** World Book Co., Yonkers, N. Y., 1953, 419 pp.

Jacob, Walter, **New Hope for the Retarded Child,** Public Affairs Committee, New York, N. Y., 1954.

Kirk, S. A., Karnes, M. B., and Kirk, W. D., **You and Your Retarded Child.** New York; MacMillan Co., 1955.

Kirk, S. A., and Johnson, G. O., **Educating the Retarded Child,** Houghton-Mifflin Co., Boston, 1951, 434 pp.

Levinson, Abraham, M.D., **The Mentally Retarded Child—A Guide for Parents,** The John Day Co., New York, 1952.

Martin, Bertha W., **Teaching Extremely Retarded Children,** Kent, Ohio, 1955.

Oklahoma Guide for Teachers of Trainable Mentally Retarded Children, Division of Special Education, Oklahoma State Department of Education, 1960.

Parent Groups for the Mentally Retarded, Prepared by State of New Jersey, Department of Classification and Education: Distributed by Illinois Commission for Handicapped Children, 160 N. LaSalle St., Chicago 1, Illinois.

Rautman, Arthur L., Ph.D., **The Seriously Retarded Child,** (Pamphlet); New York State Society for Mental Health, 105 E. 22nd St., New York 10, N. Y., 8 pp.

Reynolds, Maynard C., Ellis, Rachel, and Kiland, James A., **A Study of Public School Children with Severe Mental Retardation,** State of Minnesota, Department of Education, 1953.

Rogers, Dale Evans, **Angel Unaware,** Fleming H. Revell Company, 316 Third Avenue, Westwood, New Jersey, 1952.

Sarason, Seymour S., **Psychological Problems in Mental Deficiency,** Harpers, New York, 1953.

Williams, Carol M., and Melcher, John W., **A School Program for Mentally Handicapped Children**, Madison, Wisconsin, Wisconsin Dept. of Public Instruction, 1953.

Wood. Donald W., **The Adjusted Curriculum for the Trainable or Severely Mentally Retarded,** Illinois State Normal University, Normal, Illinois, 1953.

Zwerling, Israel, M.D., "Initial Counseling of Parents with Mentally Retarded Children", (Reprint) **The Journal of Pediatrics,** Vol. 44, No. 44 pp. 469-479, St. Louis, 1954.

PHYSICALLY HANDICAPPED

PHYSICALLY HANDICAPPED DEFINED:

Physically handicapped, as used here, refers to those children usually described as "Crippled." In the report, **"The Crippled Child in New York City"**, the crippled child is defined as: "An individual under 21 years of age who is so handicapped through congenital or acquired defects in the use of his limbs and body musculature, as to be unable to compete on terms of equality with a normal child of the same age.

CLASSIFICATION OF CRIPPLING CONDITIONS:

United States Office of Education Bulletin classifies the physical disabilities of crippled generally as (1) conditions due to infection; (2) cerebral palsy; (3) congenital anomalies; (4) traumatic conditions; (5) birth injury; and (6) conditions of unknown, uncertain and miscellaneous causes.

Medical research in the area of infectious diseases has produced gratifying results. Poliomyelitis, osteomyelitis, and similar infections are well controlled by the administration of proper vaccines made available by State and Community agencies, and private doctors.

Cerebral Palsy (spastic paralysis), a crippling condition which has received wide publicity during the past few years has been defined by Dr. Winthrop M. Phelps, a specialist in this field, as ". . . a disability of the nerves and muscles caused by damage to certain centers of the brain that govern muscular control. When the centers of learning and intelligence escape this damage, the afflicted person will have all of his native intelligence, even though his strange facial contortions, speech impediment, and difficulty in writing might make him appear to the uninformed person as a mental defective."[1] There are several types of cerebral palsy, such as "spasticity," "athetosis," and "ataxia". Approximately 80 to 85 per cent of cerebral palsied children are spastic or athetoid. The type of cerebral palsy which a child has can be determined only through medical examination.

Congenital Anomalies are deformities existing at birth. Talipes or clubfoot, dislocated hip or hips, torticollis (wry-neck), spina bifida, harelip, and cleft palate are examples of congenital deformities. There are many other miscellaneous types. One author lists as many as seventy. At present medical science is not in agreement as to causation of this defect. "Little is known about the causes of congenital anomalies; the old idea of prenatal impressions, that events seen or dreamed of by the mother, can result in abnormalities of the child has been completely discredited."[2] The treatment of some of these anomalies has been very successful if done in infancy when the bones are soft and pliable.

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[1] Winthrop M. Phelps, "The Farthest Corner,'" The National Society for Crippled Children and Adults, Inc., Chicago 3, Ill., 1947, p. 3.

Traumatic Conditions arising from all sorts of accidents are gradually coming to be an important cause of crippling conditions. It has been estimated that 7.5 per cent of all causes lie in them. The increasing use of the automobile and machinery in general has been a high contributing factor. Much is being attempted to reduce the incidence of accidents through safety education in the school and by means of the press.

There are many other serious crippling diseases. For some of these the cause is known and for others unknown. The more frequent among these miscellaneous disabling conditions are rheumatic fever, tuberculosis, spinal curvatures such as scoliosis and lordosis, muscular dystrophy, Erb's Palsy, fragile bones, Perthes' disease, tumor, postural foot conditions, cardiac disease, rheumatism, syphilis, and rickets.

INCIDENCE:

Due to varying definitions and purposes for which surveys are made, the picture of the extent of the number of crippled children is not too clear. A report from the subcommittee on special education of the White House Conference states that the number of crippled children under eighteen in the United States varies from 0.10 to 11.3 per 1,000 of the general population and from 2.96 to 16.67 per 1,000 of the school population, A conservative estimate made by this Conference places the total number in the United States at 300,000. They state that at least one third of this number is in need of special educational opportunities.

If the cardiacs are included in the definition of a crippled child, it is estimated that there would be from 2 to 4 crippled children for each 1,000 of the general population.[3] Using this estimate as a basis for computing, Oklahoma would have from 4,000 to 8,000. Of this number 1,500 to 2,500 would probably be eligible for special education classes.

LOCATING AND IDENTIFYING THE PHYSICALLY HANDICAPPED:

The problem of locating the physically handicapped child in the community is primarily a local one. Since it is the responsibility of the census enumerator to list the handicapped persons, this file would be accessible on a statewide basis. Federal and State Agencies serving crippled children may not only have a list of those currently receiving services, but also a list of those making application for such aid. Local civic clubs, which are usually philanthropic in nature, may be counted on to assist in making surveys. The local P. T. A. is usually anxious to participate in the project. Orthopedic clinics, physicians, pediatricians, and hospitals have the best chance of finding the patient early.

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[2] Richard A. Raney and Alfred R. Shands, "The Prevention of Deformity in Childhood," The National Society for Crippled Children, Chicago, Ill., 1941, p. 10.

[3] J. E Wallace. Children With Mental and Physical Handicaps (New York, 1949), p. 420.

ESTABLISHING CLASSES FOR THE PHYSICALLY HANDICAPPED:

Special classes, or services for physically handicapped children, may be organized by the board of education of a school district with the full approval of the superintendent of schools.

Type and Size of Class: The type and size of the Class will very with the handicaps and the kinds of services rendered. Variations in the programs will be made within the limitations set by the State Board of Education which provides for a minimum of five (5) and a maximum of sixteen (16) pupils in a special class. Within these limits the size of the classes may vary to suit the circumstances. The one exception is the case of homebound instruction. In this instance each child so handicapped constitutes a class, and one teacher may handle as many as five of such classes. The amount of instruction is one hour a day, three days each week. For information regarding attendance and provision for financial reimbursement consult the basic regulations of the State Board of Education Regulations for the Physically Handicapped.

Supervision:

Cooperative, helpful supervision by the superintendent, building principal and special supervisor is necessary for success in the program. The attitude of the administrator and teachers will determine the disposition of the normal children toward handicapped children.

Eligibility for placement: Not all physically handicapped children are eligible for placement in a special class. It has been estimated that two out of three can attend the regular classes and one in three will need the special class. It must be pointed out that the need for special service, and not the severity of the child's defect, is the basis for eligibility.

A child is determined eligible for placement in a special class for physically handicapped children upon examination and recommendation by a competent physician. The physician's report and pertinent information from other sources indicating that the child's limitations are such that he cannot function in a regular classroom should constitute the necessary recommendation for special class placement. All children placed in special classes for physically handicapped should be educable. In cases where there is some question as to educability, the child should be seen for intellectual assessment by a qualified psychological examiner. This data must be kept in the child's file and made available to representatives of the State Department of Education.

The Parents: The cooperation and help of parents of physically handicapped children is essential to the success of any type of educational program for them. Due to the problem of locomotion of these children, many parents will need to provide transportation for them to and from school.

Parents will often be called upon to cooperate with and assist the school in planning recreation and other extra-curricular activities. It behooves the school administration and teachers to communicate with parents and enlist their aid in order to provide the best program possible for the children.

Finally, the parents of a crippled child may have a tendency to shelter and overprotect their child on the one hand or on the other hand to reject him because of his deviate condition. Parent education groups conducted by the administrator, the special class teacher, or other qualified staff members have proved to be most beneficial in bringing parents to a better understanding and acceptance of their child and his limitations.

Medical Care and Other Services: With the crippled children the greatest deviation is in physical disability. There will be a necessity for close cooperation among teacher, physician, school nurse, medical social worker, and occupational therapist. The unified purpose to serve the whole child will be the goal.

All of the medical services available to the rest of the school will be used by the crippled children in the special and regular classes. In addition, the health of crippled children will need to be more closely supervised. This will mean more frequent and rigid physical examinations (as recommended by the physician in charge), provision for rest periods and hot lunches, physical therapy, and giving of medicine in some instances.

If the class is sufficiently small, the teacher may be able to get along without extra help. When the class is large and there are several severe cases, or two or more classes, it will be necessary to employ an attendant. This attendant may assist in lifting or handling of non-ambulatory cases, supervising rest periods, and otherwise helping the teachers. Occupational and physical therapists are of utmost importance in the program and should be employed if at all possible. The number and condition of the class members, the availability of personnel, and the financial situation of the local district will govern the extent of the services rendered.

County Units: County superintendents may organize and operate special education programs as provided by law. Reimburse-

ment of special education funds will be made to each participating school district on a proportionate basis.

CLASSROOM ORGANIZATION:

Organizational procedures for establishing classes for the physically handicapped are tailor-made to fit the needs of the particular school system providing the service. Large city systems sometimes establish special schools with graded classes or division of classes according to the nature of the handicap. The more prevalent type of class is the ungraded one housed in regular school buildings, usually in elementary schools. Both large and small school systems have classes for individuals in homes, hospitals, and convalescent institutions. The local situation and the conditions of the children receiving the special services will determine the type and amount of service to be rendered.

A large number of these children (two out of three) will be able to attend the regular classes. **No child should be put in a special class as long as he is making a reasonably good adjustment to the regular school situation.** However, it is sometimes necessary to make special provisions such as moving a class downstairs, arranging to move a child from room to room, more advantageous seating, shortening his school day, etc. Some will need to spend part time in speech or sight-saving classes.

For emphasis it is stated again that special services for the physically handicapped individual must be regarded as a temporary arrangement. Whenever possible, the time spent in a special class is to be regarded as a transition period. This period may vary in length from a few weeks or months to years. For some children the only education received will be in the special class or through home instruction. In the majority of cases the services of the special class should prepare the child for readjustment to the regular class.

When a child has more than one handicap, he will be classified according to his major handicap; e. g. an educable mentally handicapped child, who is also physically handicapped, will be placed in a class for educable mentally handicapped if his physical condition will permit. The child whose major problem is a speech deviation will continue in his regular class with special training provided by the speech correction teacher. In all instances, the child's welfare must be considered paramount over the school's convenience.

The Teacher: The teacher of physically handicapped children should meet all requirements for certification as prescribed by the state Board of Education. In addition personal qualifications of teachers who can work with crippled children should not be overlooked. Not infrequently teachers experience feelings of fear, embarrassment, ignorance, and sometimes guilt when first confronted by children with braces, crutches, or in wheelchairs. A teacher should have a thorough understanding and acceptance of these children who look different, walk awkwardly, and need an unusual amount of physical help.

Although the educational aims for physically handicapped children are the same as education for all children, special training and skills are needed by teachers in instructing these children in order that they may be able to advance to the maximum limits set by their handicaps. Therefore, special training in the area of teaching and working with this type of exceptionality is essential in order to work effectively with them in a classroom.

Classroom: Whether an entire plant is to be built or a regular room is to be remodeled, the teachers and the architect should sit down together and think of the activities that are to go on in the room or rooms. This type of planning will save further remodeling expenses and will do much to assure a building best fitted to the needs of the children.

The details are very important in this structure. Generally speaking:

> "The building itself should have features which will help the children develop feelings of security which should encourage free physical activity with a minimum of help from attendants and teachers. Features in the physical plant which should help children attain such feelings of security are: ramps, elevators, handrails, sturdy equipment, wide hallways, spacious classrooms, and adequate lighting. On the contrary, such things as swinging doors, sills in doorways, slippery floors, light and easily overturned equipment are all hazards which tend to destroy the sense of security."[4]

Ordinarily the establishment of a class will mean the adapting of a regular classroom for this purpose. This can be done without too much expense if a little ingenuity is exercised.

One of the first considerations is its location. The building selected should be as centrally located as possible. In most instances a room in a regular building is preferable to one or two room structures set apart. "Special Education Buildings," or rooms in an unused corner of a basement, tend to increase the feeling of segregation. It should be on the ground floor near the washroom and toilet facilities. Much teacher time and energy will be saved if the room has its own lavoratory and stool. There should be an outside entrance with possibilities for a ramp to be used for wheelchair cases and those who cannot use steps. Proper and adequate equipment and supplies must be provided.

The size of the classroom should be as large or larger than the regular one. This is necessary in order to allow for movement of crippled children and to accommodate wheelchairs, crutches, and other cumbersome, but useful equipment. Hallways and doors should also be wide to easily accommodate wheelchairs, wagons, and other large pieces of equipment.

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[4] Federal Security Agency, Office of Educ., Washington, D.C., 1948 No. 5, p. 18.

It is quite possible that when the special class is organized that none of the members will be so severely handicapped as to need all of the above mentioned features. It is not likely that any class will have the more severe cases without previously arranging to care for them.

Curriculum: The principles of an adequate educational program for crippled children are essentially the same as those for normal children. Due to the individual needs and limitations of crippled children, acquisition of the skills requires special adaptation and emphasis. The basic program is designed to give the crippled child the same social experiences as other children. This embodies a revision of the curriculum with a knowledge of the child's needs and lack of readiness which his physical debility may have imposed through motor handicaps or lack of experience. The special education teacher must often present a prolonged readiness program to fill in the gap before the program for reading, arithmetic, or language can begin.

Group instruction may be carried on within the limits of the child's crippled condition. Wherein it is feasible this type of instruction is recommended as a means of promoting good health and building morale. Ordinarily nothing can be more satisfying to him than a well organized and supervised play period with a group. It should be recalled also that the child may learn much about work through play.

Some special problems presented by the handicapped child call for a clever adaptation of the curriculum by the teacher. The child with multiple handicaps, mixed dominance or emotional disturbances, offers a challenge to the versatility of the teacher in procedures and methods. The physician or other specialists will be able to make valuable recommendations regarding the limitations which the child's condition will impose on his participation in the school program.

Emphasis in the area of health and vocational training will no doubt be most rewarding. "Worthy use of leisure time" must be more than just a slogan in the training of the handicapped. He needs to develop skills that will save him from undue preoccupation and will aid him in making himself socially acceptable. It is also quite possible that skills thus obtained may provide him with a means to partially or totally support himself later.

Equipment: In many respects the equipment for the special classroom will be much like that of the regular classroom. There will be some necessary modifications to provide more security or comfort, or in many cases, to aid correction. Some of the standard instructional equipment can be purchased in advance, but such special apparatus as individualized chairs, tables, walkers, and toys should be secured as the need arises.

The elaborate array of equipment found in older established classes and pictured in catalogues need not disturb the superintendent who is planning to establish a class. Most of it can be built in the high school shops, by parents, or by local cabinet makers. Addresses of firms supplying this equipment or sources of descriptive plans may be secured by writing to the Division of Special Education. Therapeutic devices should always be bought or built according to specifications prescribed by a physician. Visits by the superintendent and teacher to classes already in operation will be of inestimable value to beginners.

Transportation and Boarding: Due to the fact that crippled children are widely scattered, many of them in regular and special classes will not be able to attend unless transportation is provided. Many otherwise homebound children can come to school if some way can be found to bring them.

When a handicapped child is transferred from his home district to another district for special education purposes, the district providing the special education will be reimbursed by the Division of Special Education for any amount up to $450.00 per child per year for transportation (private or public). For complete details of this arrangement consult the State Board of Education Regulations on reimbursement for the Physically Handicapped.

When planning transportation service, handicapped children should be considered. Routes may have to be changed and provisions made to carry nonambulatory cases. Most of them will be able to care for themselves but some cases, such as those suffering from cerebral palsy, will place extra responsibility on the bus driver. Younger cerebral palsy cases are often very immature but are capable of physical, intellectual and emotional growth when they have the advantage of school attendance.

In beginning the program, transportation difficulties may present one of the greatest obstacles, but with the help of parents, service organizations, and interested individuals the class can be organized. Later more permanent and reliable arrangements can be made.

Transfers:

Transfers of physically handicapped children shall be made in accordance with the general laws governing the transfer of pupils from one district to another; provided, however, that no such transfer shall be effective as a basis for a claim for reinbursement unless the written consent of the school board of the district to which the transfer is to be made is filed with the county superintendent prior to entry of order of transfer.

CHILDREN'S MEMORIAL HOSPITAL SCHOOL FOR PHYSICALLY HANDICAPPED CHILDREN

Grades 1 to 12

In 1957 the Oklahoma State Legislature enacted legislation placing the school at Children's Memorial Hospital at 800 N.E. 13, Oklahoma City, under the control of the State Board of Education. The school is supervised by the Division of Special Education, State Department of Education, and is in operation for ten months each year. It is adequately supplied with instructional materials and equipment to meet the interests and needs of the children. The elementary school is accredited by the State Department of Education.

The State Board of Education employs two teachers and a part-time librarian to help meet the educational needs of physically handicapped children during their confinement in the hospital. The teachers are certified to teach in Special Education.

The children who are physically able to come or be brought to the classroom in the morning receive instruction from 9:00 to 11:00. Children who are physically unable to come or be brought to the classroom in the morning, but are physically able to have bedside teaching, may request this service in the afternoon from 2:00 to 4:30.

The part-time librarian works three afternoons each week. She takes a library cart filled with a wide selection of books to the wards. She counsels with each child to find his interests and recommends a book on his reading level that she thinks will be interesting for him to read.

Curriculum:

The curriculum must be adapted to the needs, interests and welfare of the child.

Vocational Planning:

The special services should seek to fit the child for vocational employment.

Building, Room:

The room must be adequate in size and accommodated to the needs of handicapped children.

Equipment and Supplies:

Proper and adequate equipment and supplies must be provided.

SELECTED REFERENCES

New York City, The N. Y. Board of Education, The Committee for the Study of the Care and Education of Physically Handicapped Children, **Cardiac Classes and the Care of the Cardiac Child**, New York City Board of Education.

Pamphlets, bulletins, etc. may be obtained by writing to:

The National Society for Crippled Children and Adults, 11 La Salle St., Chicago 3, Ill.

The National Foundation for Infantile Paralysis, 120 Bdwy., New York, N. Y.

U.S. Office of Education, Federal Security Agency. Washington, D. C.

SPECIAL EDUCATION SERVICES FOR EDUCABLE PHYSICALLY HANDICAPPED CHILDREN HOMEBOUND TEACHING PROGRAM BY VISITING TEACHER

Purpose of the Program:

The program provides the opportunity for educable physically handicapped children to enjoy achievement in the academic subjects of our public schools and advance in their efforts to obtain an education at their rate of development.

There are two groups of educable physically handicapped children eligible to participate in the program:

The children who are so handicapped that they have never attended school.

The children who have attended school and have become so handicapped that they are unable to attend school for an extended period of time.

Eligibility:

When an educable physically handicapped child is so handicapped that he is unable to attend any school in his district, the superintendent of any independent school with the approval of his school board, or a county superintendent of dependent schools with the approval of the local school board, may provide a homebound teacher for the child in his home, hospital, sanatorium, or preventorium. A child taught in his home by a visiting teacher or by school-to-home telephone system must be a resident of the district, or legally transferred.

He must be of legal school age, unless his education has been interrupted by a physical disability.

If the child's education has been interrupted, the State Board of Education may grant permission for him to remain on the program an additional year for each year that his education was interrupted, or until the student reaches his twenty-sixth birthday, providing that his progress in his school work is satisfactory and the extension of time is necessary for the completion of the twelve (12) grades.

A child who is absent from school occasionally, or because of some minor disability, will be unable to attend school for a short period of time, and who is not in any danger of having to repeat a grade, should not be considered an eligible candidate for the homebound teaching program. This child should be encouraged by his teacher to keep up with the class assignments.

Recommended Procedure for Placing a Child on the Program:

Before a child is placed on the homebound program, the superintendent should contact the Division of Special Education for the proper forms to use in providing the service.

The superintendent should require the parents to have a physician fill out the certificate of disability for the child.

The superintendent should fill out the application for conditional preapproval plan, attach the physician's certificate form to the application and forward them to the Division of Special Education not later than one (1) week after the beginning of the homebound program.

When a child is dropped from the homebound teaching program, a Termination Form, provided by the Division of Special Education, should be filled out by the homebound teacher and forwarded immediately to the Division of Special Education.

Class Size:

One homebound child who is provided instruction one (1) hour per day, three (3) or more days per week is considered a unit, or class of homebound teaching.

Attendance of Homebound Children in the Regular Classroom:

A handicapped student receiving instruction by a teacher on the homebound teaching program must be enrolled as a student in the school providing this special service. When a child is taught by a visiting teacher for at least one (1) hour per day for three (3) or more days per week, the child shall be counted as having attended school five (5) days per week and his attendance shall be so entered in the school register.

Teacher Qualification:

Teachers of homebound children shall hold a valid Oklahoma Teacher's Certificate.

No Special Education Certificate is required.

Teachers employed to teach in the regular classrooms may be employed to teach homebound children before or after school hours and be paid extra for this service.

HOMEBOUND TEACHING PROGRAM BY SCHOOL-TO-HOME TELEPHONE SYSTEM

Purpose of the Program:

The purpose of the school-to-home telephone system of instruction is to enable the educable homebound physically handicapped child to continue his social development along with his age and grade group.

It offers the child audio participation in the activities of his regular classroom every day.

It gives him the opportunity of having the feeling of belonging to a group and that his participation is accepted and appreciated.

The child is further given the opportunity to advance with his age and grade group in the academic subjects.

Eligibility:

To be eligible for the program a child must be physically handicapped to the extent that he is physically unable to attend school in his regular classroom.

The child should be average or above average in intelligence.

He should be able to function on at least the fifth (5th) grade level.

A good learning situation should exist in the child's home.

Recommended Procedure for Placing a Child on the Program:

Before a child is placed on the school-to-home telephone system of instruction, the superintendent should contact the Division of Special Education for the proper forms to use in providing the service.

The superintendent should require the parents to have a physician fill out the certificate of disability for the child.

He should be reasonably sure that the child will be physically unable to attend school in his regular classroom for a minimum of three (3) months.

The superintendent, with the consent of his board of education, should contact the proper telephone official and make arrangement for the installation of the system. The superintendent should fill out the application for conditional preapproval plan, attach the physician's certificate to the application and forward to the Division of Special Education not later than one (1) week after beginning the program.

Attendance of Homebound Children by School-to-Home Telephone System:

A child who is taught by the school-to-home telephone system shall be recorded in the attendance register as being enrolled and in school attendance each day he participates in his classes by this method.

SPECIAL SERVICES FOR EDUCABLE PHYSICALLY HANDICAPPED CHILDREN TO ENABLE THEM TO ATTEND SCHOOL IN THE REGULAR CLASSROOM

Purpose of the Services:

The purpose of transportation, special equipment, devices, books (large print books for partially seeing children), supplies, or other facilities, or for special instruction within the regular school building, as set out in the law, is to make it possible for an educable physically handicapped child to participate in the regular classroom activities, within the limitation of his physical capacity, and benefit from the association with other children.

Eligibility:

An educable physically handicapped child must be so handicapped that he is physically unable to attend school in the regular classroom without the aid of one or more of the special services.

The child must be of legal school age.

The child must be a resident of the school district requesting special services, or legally transferred to the district.

Recommended Procedures for Placing a Child on the Program:

If the superintendent finds that an educable physically handicapped child is in need of one or more of the special services in order to attend school in the regular classroom, he should contact the Division of Special Education and request the proper forms to use in providing the service and a plan of agreement for reimbursement for the program.

Each case has to be considered separately and upon its own merits.

The superintendent should require the parents to have a physician fill out the certificate of disability for the child, in which he specifically states that the child will be physically unable to attend school in the regular classroom without the special service.

The superintendent should fill out the application for conditional preapproval plan, attach the physician's certificate to the application and forward to the Division of Special Education not later than one (1) week after beginning the program.

CURRICULUM

Elementary Curriculum:

The homebound teacher, unless she is the child's regular classroom teacher, should confer weekly with the child's principal and classroom teacher regarding the work of the grade. Every effort should be made, within the limitations of the child's physical capacity, to enable him to progress normally with his class by covering the same materials. Curriculum for some severely physically handicapped children may need to be more flexible and adapted to meet the needs and interests of the child. It should provide him the opportunity to progress at his maximum rate of achievement on his grade level.

Junior and Senior High School Curriculum:

The homebound instructor of junior and senior high school students, unless he is the student's regular classroom instructor, should keep in touch with the regular teacher of the student's subjects, in order to acquaint him with the work of the class and enable him to have the opportunity to make as rapid progress over the same materials as his physical condition will permit. Some laboratory courses on the high school level may have to be substituted or dropped when home instruction is necessary as laboratory facilities are not available at home. This is done only with the principal's recommendation and approval.

Equipment and Supplies:

Since a school participating in the homebound teaching program is reimbursed by the State Board of Education for the cost of the program, and the school receives the same source of revenue for a homebound child, as they do for any regularly enrolled child in the classroom, every effort should be made on the part of the school administration to see that the teacher of the homebound child has all of the equipment and supplies that she needs for the adequate instruction of the child.

HANDICAPPED CHILDREN IN THE REGULAR CLASSROOM

The practice of educating physically handicapped children in the regular classroom is considered to be highly desirable when it is possible. Segregation of children from their peers should be avoided when possible and practical. Exceptional children should be given opportunity to associate with children of their own age. The social values derived from this association help children to develop better personalities and become more adjusted to take their places in society. The fact that exceptional children often make a wholesome contribution to the social development of normal children should not be overlooked. When attending regular school is damaging to the health of such children or their presence constitutes too great a classroom problem, educational opportunity should be provided by some other method. The educational program for such children should be worked out jointly between the local board of education and the State Board of Education.

BLIND AND PARTIALLY SEEING

Seeing, or the sense of vision, is one of the most vital functions of the physical being. It has been estimated that 85 per cent of our impressions come through the eyes. In view of this it is imperative that school personnel be alert to possible visual defects among the students in their school. This is particularly important when we become aware that many cases of impaired vision can be prevented and nervous strain from defective sight relieved through early recognition, correct diagnosis, and proper treatment.

VISUALLY HANDICAPPED DEFINED:

Those individuals whose best corrected vision is 20/200 or less are legally defined as blind. Individuals with a corrected visual acuity of 20/70 or less in their better eye are considered to be handicapped sufficiently to be eligible for special class placement.

INCIDENCE:

It has been conservatively estimated that some 20 per cent of all school children have eye defects, that 19.75 per cent have defects that are correctable to normal or near normal vision, and that .25 per cent are blind or partially seeing. On the basis of this estimate there are about 1,330 children of legal school age in Oklahoma who would be classified as blind or partially seeing.

LOCATING AND IDENTIFYING CHILDREN WITH VISUAL DEFECTS:

A. Observation:

Alert classroom teachers are able to supplement test findings and sometimes provide sufficient evidence to warrant referral to a specialist. The following symptoms, while not complete, are suggestive:

1. Swollen, inflamed lids with purulent discharge.
2. Severe ocular pain.
3. Any sudden change in vision (double vision or dimming sight).
4. Lid irritations (sties, crusted lids).
5. Signs of fatigue from eyework, such as discomfort, dizziness, headaches, nausea, scowling, rubbing eyes, frequent blinking, or inability to do close work without getting sleepy.
6. Apparent use of one eye.
7. Crossed or divergent eyes.
8. Irregularities of pupils, or their failure to react to light.
9. Unusual head position.
10. Sensitivity to light.

11. Inability to see distant objects.
12. Holding reading material too near or too far from eyes to see clearly.
13. Proneness to accidents; stumbling over objects, failure to appreciate height of steps, etc.

B. Snellen Chart:

This is a test of distance visual acuity. It consists of reading test objects from a distance of 20 feet. The results are expressed as a fraction, the numerator, indicating the distance from the chart, the denominator, the smallest size objects read correctly. Twenty/twenty is considered normal vision of distance central visual acuity.

The chart is placed in a well-lighted place at eye level. Each eye is tested separately, with the other covered by a clean white card. Only one object on the chart is exposed at a time. The American Medical Association or the Society for the Prevention of Blindness can furnish information on testing with the Snellen Chart.

C. Telebinocular:

This is another measuring instrument that is useful for testing visual skills. The examination is simple and brief. It covers the testing of binocular vision, both at near and at distance, vertical imbalance, depth perception, lateral imbalance and fusion at distance and at near point. Color discrimination is added for driver education classes. This test determines the usable vision of each eye with both eyes in use. The near point test for lateral imbalance and fusion determines the student's ability to achieve in reading or in other classwork.

D. Massachusetts Vision Tests:

The Massachusetts Vision Tests were developed in the Division of Child Hygiene of the Massachusetts Department of Public Instruction under the direction of Laura Oaks. This test checks for visual acuity. The Snellen Illiterate E. Chart is used. The tests consist of monocular vision acuity test, plus the sphere test, and the Maddox Rod Test. In general, this test is more effective than the use of the Snellen Chart.

E. Physician's Examination:

After the tests and observations are completed by the teacher, school nurse, or other person designated by the superintendent, those children who are suspected of having visual problems, as indicated by these screening techniques, should be encouraged to have an examination by an ophthalmologist or other eye specialist. A letter may be sent to parents of these children asking them to come to the school for an interview. In this interview they can be informed of the findings of the group screening and the need for further examination by a specialist

Because of the popular misconception that glasses are a cure-all, it should be stressed that the physician or other specialist will recommend the type of treatment needed and the necessary educational adjustment. Intelligent followup requires an exchange of information with the examining physician. If a personal interview is not possible, then a written report should come directly to the school authorities from the specialist, never second-hand through the child or his parents.

While the local school board has the authority for placing visually handicapped children in special classes, the eligibility for such placement must be established through examination by a competent ophthalmologist or other eye specialist.

ESTABLISHING CLASS FOR THE BLIND AND PARTIALLY SEEING:

Size of Class: The number of children must be determined by the defects in vision and the amount of individual oral instruction necessary. Five (5) is a minimum teaching load and sixteen (16) the maximum in a sight-saving class. In some instances, they attend regular classes and use the sight-saving room as a home room or attend regular class using sight-saving equipment and materials.

Eligibility of Children for Classes for Blind and Partially Seeing: Children who need special help and guidance in preserving the sight they have while continuing their education, are candidates for the sight conservation program. The specialist will recommend the child for the sight-saving class. This recommendation and other pertinent information will determine his admission to the sight-saving class. Criteria for admissions are:

1. The child must be educable. (All children having an I. Q. lower than 70 should be placed in the sight-saving room for a trial period only with a re-examination after such trial period to determine the best permanent assignment.)
2. Children having a visual acuity of 20/70 or less in the better eye after correction.
3. Children having ocular diseases of the progressive type.
4. Children have regressive diseases in which use of the eyes may be dangerous.
5. Any child convalescing from illness or malnutrition who, in the opinion of a physician, can benefit from the training in the sight-saving class. In determining eligibility for sight-saving placement, it has been found to be more advantageous to use both medical and psychological test results, rather than just medical findings, because many times the

ophthalmologist may not be aware of all the educational facilities and policies, and in turn, the educators are not trained in the medical aspects which the problem may present.

County Units: County superintendents may organize and operate special education programs as provided by law. Reimbursement of special education funds will be made to each participating school district on a proportionate basis.

CLASSROOM ORGANIZATION:

The Teacher: The teacher of visually handicapped children should meet all the personal qualifications for all special education teachers as outlined in the introduction of this bulletin. In addition she must be certified by the State Board of Education to teach special education and must be trained in the special methods, techniques, and materials used for teaching children with limited vision.

Classroom: The building should be advantageously located and the room should be of sufficient size and properly decorated, furnished and serviced to make possible an approved sight-saving program. Since the sight-saving program may serve a wide area, a centrally located building, convenient to transportation facilities, should be selected. The building must accommodate pupils on the same grade levels who are represented in the special class. The class should be placed in a school having a cooperative principal and teachers who are willing to make an effort to understand the problems arising from the visual difficulties, and to share the responsibilities for solving them.

Even though the sight-saving classroom is to house a comparatively small number of pupils, it should be as large as an ordinary classroom, approximately 30 x 24 x 10 feet. Not only is it necessary for the pupils to move around a great deal in order to be able to see to the best advantage, but the material used in sight-saving classes is on a larger scale than that provided for regular grades, and therefore, requires more space.

Correct illumination, either natural or artificial, is that which provides adequate light for the task—well-diffused, well-distributed, and without glare. The question of adequate intensity is somewhat an individual problem. It is evident that the condition of the eyes and the type of task will be the determining factors in deciding the intensity and type of illumination required. Since children in sight-saving classes have seriously defective vision, compensation in the form of increased illumination is necessary. Present day standards indicate a minimum, sustained intensity of illumination of 15 foot candles for regular classes and 30 foot candles for sight-saving classrooms. Light meters are now available for measuring intensities and should be considered as necessary as are thermometers.

If possible, it is best that this minimum of 30 foot candles be had by natural lighting. It is erroneous to assume that because the classroom has the right number of windows that it is correctly lighted, for such objects as shrubbery and trees near the window can materially alter the illumination of the classroom. Also the old custom of having shades on all windows in many instances seriously interferes with proper illumination of the classroom. It is urgent that the classroom be so arranged as to give the maximum light with a minimum of glare. The fact that the total area of windows of a classroom meets the required twenty per cent of the floor space does not mean that the lighting is adequate. No shades should be used on the north windows since the only function of shades in the classroom is to block out direct light. If shades are needed to block out sunlight, a double roller, center hung, translucent type of shade should be used. In some rooms diffusers may be needed in order to assist in proper distribution of light.

Classroom Furniture: Since physical equipment used by the partially seeing is of great importance, care should be exercised in its selection. In selecting seats and desks, certain underlying principles in structure should be taken into consideration. There may be many harmful effects of incorrect position, such as bending over a flat desk or trying to touch the toes to the floor when the seat is too high. Correct depth of the seat is also important. A seat that is too deep from front to back may cause the child to sit forward and lose his body balance. For the smaller children a depth of 13 inches is usually satisfactory, and for larger pupils, from 14 to 16 inches. Adequate back support should be provided. Modern movable, adjustable furniture is preferred.

Desks should be adjustable with regard to height, angle, and position. Adjustable rods or large clips are helpful in holding materials in place on a slanting desk top. Changes should be made as growth of the child changes his needs. The teacher's desk should be placed either in front near the side wall or at the back of the room. The well-lighted parts of the room should be available for the children. In selecting chalk-boards, several points should be considered. Buff, light gray-green, or light gray-blue are preferable to black, because they reflect more light. Slate boards may be used, provided they are refinished when necessary and are not allowed to become gray from long use.

Closets should be built-in and large enough to hold the material used in these classes. Closets jutting into the room might prove hazardous for children with deficient vision.

A complete list of equipment and supplies for sight-saving classes may be obtained from the National Society for the Prevention of Blindness, 1790 Bdwy., New York City, New York.

Curriculum: There is no special curriculum arranged for children with visual defects. The regular curriculum can be followed, this being made possible by the special education media suitable to their needs, the services of specially prepared teachers, and individual instruction found in the sight-saving class.

Partially seeing children should be kept in the regular classroom when possible. Extra costs of teaching these children can be shared with the local school district by the State Board of Education.

The partially seeing child has the same needs, desires, expectations, variations in intelligence, abilities, interest, and disabilites as the normally seeing child. His major limitation is that, because of visual incapacity, it is not possible for him to maintain the same degree of educational, social, and emotional growth as the normally seeing child. Thus, he needs special guidance, special educational media, and adaptation in the form of substitution and modification rather than omission in the curriculum.

The curriculum should be flexible and adaptable, stressing capabilities, and creating ways of circumventing the disability in both education and social experiences. It should stress the things the child is able to do rather than the things he is unable to do, substituting and modifying activities and experiences in order that they may be rich and satisfying. Special adaptions are often necessary for individual children according to the type of disability or prognosis.

In planning a curriculum for the partially seeing child, emphasis should be placed on these things.

1. Rich and successful experience.
2. Determining and directing special aptitudes and interests with both enrichment and vocational goals in mind.
3. Maintenance of normal relations with normally seeing children.
4. Emphasis on experiences in a normally seeing world in which they will live and to which they will have to adjust.
5. Helping the child to accept his limitations cheerfully, to take pride in his accomplishments, and to create within him an eagerness to take his proper place in society and a desire to be useful and helpful to others.

Since the children in the sight-saving classes follow as closely as possible the program of the regular classes, the modern sight-saving program must be based on cooperation and coordination. Both the regular and sight-saving teachers share in the responsibility of providing the best possible education for such children.

Subjects such as reading, writing, spelling, arithmetic, and typing which require close use of the eyes will most generally be taught in the sight-saving class. In so far as possible the special room and teacher should be used for resource purposes by children who, with special help, can succeed in regular classes.

The partially seeing child must be made to feel that he has a definite place in the school life and should thus be encouraged to take an active part in the various activities connected with the school. The pleasures gained and the friendships made by participating in these activities will be of lasting benefit and should be considered as much a part of his education as academic and vocational training. It is indeed the social experiences that make education meaningful.

Special Adaptation:

1. Creative activities such as modeling in clay or plasticene, freehand painting or drawing on a large scale, etc., are a necessary replacement for such work as sewing, weaving, fine drawing, etc., which require close work.
2. A form of needlework which can be taught by touch, such as knitting and certain types of crocheting, may be substituted for other types of needle work.
3. The preparing and serving of meals offers an excellent opportunity to train the child in home economics.
4. Manual training requiring close use of the eyes, such as mechanical drawing and other work requiring detail, should be eliminated.
5. Whenever the sight-saving child cannot participate in certain types of sports or activities he must not be allowed to completely withdraw from this phase of school life. Like any other child he needs to take part in group activities and should be encouraged to do so within the limits of his handicap.

Guidance: Many schools will not have guidance services available to the sight-saving teacher. She can become familiar with guidance materials for sight-saving children by writing to the National Society for the Prevention of Blindness. Local Universities will be glad to help. The evaluating and testing services of the University of Oklahoma are available to all schools who desire such aid.

Individual cumulative case study records must be provided and kept in the room. The folder should contain information concerning the condition of the eyes and the general health of the student, record of test scores which include mental, personality and vocational interest profiles and such information as may throw light on his social and emotional reactions.

A list of occupations that pupils can safely undertake should be available. The vocational division of the United States Office of Education has issued publications dealing with a large number of jobs for people with deficient vision. The Vocational Rehabilitation Division is a good source of information about occupations in Oklahoma.

SELECTED REFERENCES

Cholden, Louis, **A Psychiatrist Works With Blindness,** American Foundation for the Blind, New York, 1958.

Illinois Department of Education, **The Illinois Plan for Special Education of Exceptional Children—Visually Defective, Circular Series "D",** Illinois Department of Education, Springfield, Illinois.

National Society for the Prevention of Blindness, **Room Design and Equipment Requirement for Sight Saving Classes,** 1790 Bdwy., New York, N. Y.

International Council for Exceptional Children, 1201 Sixteenth St., Washington, D. C. Journal of the International Council for Exceptional Children.

DEAF AND HARD-OF-HEARING

DEAF AND HARD-OF-HEARING DEFINED:

A child referred to as hard-of-hearing has a hearing loss which has not prevented his acquiring speech and language in the normal manner, that is, through his hearing and the imitation of what he hears.

Thus, "hard of hearing" describes a person who experiences difficulties in auditory reception. Auditory reception can sometimes be improved by amplification or training. The child who is hard-of-hearing may not hear all sounds distinctly, and frequently confuses, substitutes, or omits sounds. He, however, like the hearing child, readily communicates orally and acquires a basic mastery of language.

A child referred to as deaf has his hearing impaired to such a degree that it has prevented his acquiring speech and language in the normal manner. The child who is deaf has no language when he enters school. His sole means of communication is that of simple gesticulation. When the deaf child enters school, emphasis must be placed on the acquisition of language, for without language little academic progress is possible.

INCIDENCE:

Since there has been some confusion as to definition and an adequate criteria for evaluation, it has been difficult to arrive at a reliable estimate of the number of children with auditory impairments. Most surveys show about 1.5 per cent of any normal population have significant hearing losses. Some authorities feel this estimate is low and that the incidence actually runs as high as 4 to 5 per cent. It has been conservatively estimated that there are at least 8,583 deaf or hard-of-hearing children of legal school age in Oklahoma.

LOCATING AND IDENTIFYING THE DEAF AND HARD-OF-HEARING:

At present the larger portion of our deaf children who are receiving training are reached through the State School for the Deaf at Sulphur. Special classes for the deaf and hard-of-hearing have been established in a few of the larger communities. There still remain throughout the state children who are deaf, and certainly many who are hard-of-hearing, whose impairment has been unrecognized or ignored. One of the first services of any school district should be a survey of the hearing of all children attending their schools.

The first step in a complete hearing program starts with a well organized and well conducted plan of screening for hearing losses. At this point it would be a safer practice to assume that all children may have some loss in hearing. Assuming this, the screening would not be completed until each child has been tested and his actual hearing status determined. This function is logically a responsibility of the local school as one aspect of a broader health program.

Hearing losses may be classified as conductive, perceptive, or mixed. The loss may be due to damage to the mechanism that transmits sound energy, to the nerves that receive the transmitted energy, or to both. Another aspect of a hearing loss is that it may be temporary, arrested, or progressive. It would be safer practice for the school to assume that all hearing losses may be progressive. In assuming this, regular follow-up tests for children with determined hearing loss would be indicated. Diagnosis of the cause and nature of a hearing loss is the function of the physician who specializes in hearing.

Two professional groups provide hearing treatment services. The physician removes obstructions, provides medication, treats with radium and performs surgery. The non-medical clinician performs services concerned with improving the use of residual hearing. One important function is the fitting of individual aids.

Since a complete hearing program involves the services of so many groups and organizations in the community and the state, it is well to organize a co-ordinating council composed of a representative membership. It should be the duty of this council to establish basic policies relative to screening and follow-up procedures and services which carry the weight and authority of the hearing service agencies represented. In this way the hearing program becomes a venture in public interest and support.

How the hearing survey is conducted depends upon available personnel and equipment for service. In new programs contemplating the purchase of audiometric equipment for the survey, it would be well to investigate the characteristics of various makes and models.

There are several numerical or percentage systems for evaluating the severity of a hearing loss. In the most common of these systems the average loss of hearing for pure tones within the so-called speech range (500 to 2000 cps) is used to indicate the severity of the hearing loss for each ear. An average loss of hearing from 20 to 40 db through this range would be viewed as a mild hearing loss, while an average loss of 40 to 60 db would be considered severe hearing losses, while losses greater than 80 db would place the individual in the category of the deaf.

If referral is necessary, the parent should be informed and a case history of the child obtained and mailed to the physician of the parent's choice. In those cases where the parents are unable to provide medical attention for their children, the County Health Department may serve as the source of referral. Sometimes regular otological clinics can be provided.

After a physician has diagnosed a child, and in some cases prescribed or provided treatment for the hearing loss, a report of his action should be made to the speech and hearing therapist at the school. Further medical treatment may be necessary or referral to other services may be expedited through her.

ESTABLISHING CLASSES FOR THE DEAF AND HARD-OF-HEARING:

The training program for hard-of-hearing and deaf children has two primary objectives: (1) improvement in the understanding and appreciation of the aural environment through better use of residual hearing, visual perception, and through vibration, and (2) development of the use of oral speech as a means of communication. When these two objectives are realized to a greater degree, broader avenues are open for the attainment of the purposes of education for all children. It is the function of the speech and hearing therapist and the special class teacher, with proper equipment and facilities, to provide training and coordinate other services for the maximum development of the hard-of-hearing children in realizing these objectives.

Size of Class: A special class of hard-of-hearing or deaf children shall be made up of a minimum of five (5) children and should not exceed a maximum of ten (10) for totally deaf and a maximum of sixteen (16) for the hard-of-hearing.

Eligibility of Children for Classes for Deaf and Hard-of-Hearing: The eligibility of a child for admission to a special class for the deaf or the hard-of-hearing shall be determined by a qualified hearing specialist, who is approved by the State Department of Education. In addition the child should be educable in order to be eligible for placement in a special class. (Any child having an I. Q. lower than 70 should be granted placement on a trial basis only. His eligibility for permanent enrollment is dependent upon his ability to adjust to the classroom and profit from the instructions provided.)

General Provisions: The figures below pertain to the placement of children with hearing losses:

Decibel Loss	Seating or Referral
0- 20	Proper seating in regular classroom.
20- 40	Proper seating in regular classroom. Special instruction in speech correction, speech reading, and if recommended, fitting with a hearing aid and acoustic training.

40- 60	Same as above or full time in a special class for the hard-of-hearing.
60- 80	Same as above unless they show retardation in grade achievement, or language deficiency, in which case, they should be sent to an oral day school for the deaf or the State School for the Deaf.
80-100	Referral to an oral day school for the deaf or to the State School for the Deaf.

Curriculum: There is no special curriculum arranged for children with auditory impairment. While a good portion of the day is given to special speech and auditory training, the children are instructed in the same subject matter areas as normally hearing children. The following of a regular curriculum is made possible through the special education media suitable to their needs, the services of specially trained teachers, and individualizing instructions.

The deaf and hard-of-hearing child has the same needs, desires, expectations, variations in intelligence, interests, and disabilities as the children found in regular classrooms. His major limitation is that, because of a hearing disability, it is not possible for him to maintain the same degree of educational, social, and emotional growth as his normal hearing counterparts. Thus, he needs special education guidance, special methods of instructions, and adaption in the form of substitution and modifications rather than omission in the curriculum.

In planning a curriculum for the deaf and hard-of-hearing child, emphasis should be placed on the following:

1. Rich and successful experiences.
2. Determining and directing special aptitudes and interests with both enrichment and vocational goals in mind.
3. Group therapy is often important since many hard-of-hearing children have a tendency to withdraw from group activities and to develop a preference for isolated work and play situations. They need opportunities for social development.
4. Emphasis on experiences in a world of sound in which they will have to live and adjust.
5. Helping the child to accept his limitations cheerfully and to take pride in his accomplishments, with a desire to take his place as a contributing citizen of society.

Since the children in the classes for deaf and hard-of-hearing follow as closely as possible the program of the regular classes, their educational program should be based upon cooperation between the special class teacher and the entire school staff in providing the best education possible for these children.

Special Equipment and Materials: The following list of equipment and materials is merely suggestive and is offered for guidance in equiping a classroom for deaf and hard-of-hearing classes:

Sound control is of primary importance in establishing a suitable environment for the education of deaf and hard-of-hearing children. Two major areas of sound control are: (a) amplification or the **increase** in intensity of **desirable** sounds used in the development of speech and sense training; and, (b) noise control or the **reduction** of those sounds which tend to interfere with the successful application of amplification.

1. Types of Amplification

A. Hearing Aids

A hearing aid is a miniature amplification system which consists primarily of a power source (batteries), microphone, sound magnification circuit, and receiver or speaker. There are two types of hearing aids—body and ear level. Body instruments are most frequently used with more severe losses and ear-level instruments (detached or eyeglass) are usually reserved for less severe hearing impairments.

Hearing aids have limitel fidelity. A device of this size cannot be expected to reproduce sound with nearly the same quality as larger high-fidelity equipment. This fidelity limitation of the hearing aid is important to auditory training techniques. Hearing aids which have been individually "fitted" to the child will usually provide him with a portable listening device adequate for many situations. However, for learning fine discrimination more comprehensive electronic equipment should be used.

B. Group Auditory Training Devices

1. Plug-in Auditory Trainer

The "plug-in" or stationary device consists of a microphone for the teacher, an amplification circuit with a phonograph attachment, several plug-in headphone sets with volume controls, and one or more microphones for the pupils. This device provides a broader sound spectrum with more variable control features than hearing aids. The disadvantages are expense and its lack of mobility. It should be used as an **auxiliary** device in **connection** with individual hearing aids.

2. Loop-type Auditory Trainers

There are two principal loop systems, (a) radio frequency or RF and (b) induction-coil or magnetic. Both systems provide the speech signal through a "wire loop" encircling the room to the individual's hearing appliance.

a. RF Auditory Trainers

The radio frequency system is essentially a miniature radio-broadcasting station consisting of a microphone for the teacher, amplification and tone control console tuned to broadcast on a particular AM or FM band width, the wire loop, and receiver sets worn by the pupils. Advantages of this system include good fidelity and the ability to provide RF systems in adjacent rooms. Since each room must be tuned "broadcast" and receive on a separate frequency, group activities involving communication with pupils from more than one room can become difficult.

b. Magnetic-Loop Auditory Trainer

The induction-coil or magnetic-loop system operates on a magnetic-field principle. The child's hearing appliance (which must be equipped with a telephone induction circuit) picks up the signal carried by the surrounding wire loop. The magnetic-loop system contains essentially the same components as the other auditory training devices. Advantages of this system include lower relative cost, and the ability of the child to use individually "fitted" hearing aids. Because of overlapping magnetic fields, placing these systems in adjacent rooms is difficult.

NOTE: "Loops" should be placed as near the ear-level of the pupils as is practical.

Sound Environments for Deaf and Hard-of-Hearing

Two types of unwanted sound will be considered, (a) those sounds which originate outside the classroom and (b) those sounds which originate inside the classroom.

The walls, ceilings, floors, and other openings should be designed and treated so as to reduce the amount of sound which enters the room from the surrounding environment. Several types of walls are available from construction-material companies which provide relatively good noise control through the walls. It is important to notice other possible sources of sound infiltration when designing the room. For example, the effectiveness of a sound-treated wall is greatly reduced if the air space between rooms across the ceilings is not separated and insulated or if air returns for central heating and air conditioning systems are so placed so as to allow noise to enter from hallways, etc. Ideally, the room should be located away from outside vehicle and pedestrian traffic.

The purpose of sound treating the interior of the classroom is to reduce reverberation and initiation of undesirable sounds within the room. Wall, ceiling and floor surfaces constructed of hard materials reflect or create "echoes" of sounds originating in the room. Therefore, sound-absorbent materials should be used. Ceilings should be covered with acoustical tile or blown soft acoustical material. Walls may be covered with acoustical tile, carpet, or may be draped. It is not necessary for the walls to be covered from ceiling to floor, but the material should extend to as near the seated height of the children as possible. This allows most sounds from the teacher and pupils to be "damped". The floors should be carpeted to reduce noise created by walking, movement of chairs, desks, etc.

Other Considerations

Because deaf and hard-of-hearing children place more reliance upon visual cues for communication than normal children, some consideration should be given to the lighting and projection equipment used. Lip reading requires that the teacher's face be clearly visible. This may mean more lighting than might be required in the regular classroom. The use of overhead projectors will make it possible for the teacher to face the children while writing or illustrating teaching materials. An allowance of 3 kilowatts for the additional power and light of such a room is recommended.

1. All the equipment provided in the regular classroom.
2. Sense training equipment.
   Montessori equipment or suitable substitute.
   Colored yarn, balls, or ribbon for matching color.
   Children's jig saw puzzles.
3. Equipment used in teaching speech reading.
   Small table and chair so the teacher may sit with her lips on eye level of the child.
   As many of the objects whose names are to be taught as possible.
   Pictures to supplement the objects.
4. Equipment for instruction in reading and other visual subject matter.
   Chart racks for picture and word charts to which the child can refer at any time.
   Pictures on cards (5" x 7") to be matched with written and printed words on cards (3" x 5"). Each teacher should keep a card file.
   Picture dictionaries.
   Textbooks with simple language construction, big print, and limited vocabulary during early stages of reading.
   Opaque projector—very helpful in reflecting the printed page on the screen for group study and discussion.
   Slide or film projector.

16mm projector for children's education movies.
Bulletin boards on the eye level of the child.

5. Piano. The baby grand is more suitable for teaching children with severe hearing impairment than a high upright piano.
6. Records for Acoustic Training should be well selected and there must be an interesting variety. (Write to Volta Bureau for lists of good reliable records, prices, etc.)
7. Instruments for Rhythm. Inexpensive instruments for rhythm bands and auditory training—such as bells, cymbals, drums with sticks or wire brushes, horns, tambourines, triangles, crickets, whistles, etc.
8. Television. Should have a large perfect screen. Table model on a turntable or wheels, so it can be viewed from any part of the room and also easily moved.
9. Workbooks. Workbooks are especially used for our children with severe hearing impairment if they are interesting, well illustrated, educationally sound and selected for the individual's need.
10. Audiometer-puretone.

Guidance: Many schools will not have guidance services available to the teacher of children with auditory limitations. In this case the teacher must provide guidance, including vocational information and training, for these children. She should familiarize herself with materials and services for children in her class.

Individual cumulative case study records must be provided and kept in the room. The folder should contain information concerning general health, grades, test scores, and other information that is important in terms of counseling the student.

A list of occupations that pupils can undertake and train for should be available. The United States Office of Education, Vocational Division, has issued publications dealing with available jobs for deaf and hard-of-hearing individuals. The Vocational Rehabilitation Division of the State Department of Education is also a good source of information about occupations in Oklahoma.

SELECTED REFERENCES

Di Carlo, Louis M., **The Deaf,** Foundations of Speech Pathology Series. Prentice-Hall, Englewood Cliffs, N. J., 1965.

Eisenson and Ogilvie, **Speech Correction in the Schools.** New York, Macmillan Co., 1963.

Levine, Edna S., **Youth in a Soundless World,** A Search for Personality, New York, University Press, 1956.

O'Neill, John J., **The Hard of Hearing,** Foundations of Speech Pathology Series. Prentice-Hall, Englewood Cliffs, N. J., 1965.

JOURNALS AND HANDBOOKS

American Annals of the Deaf, The Volta Review (an illustrated monthly magazine dealing with educational and social problems of the deaf and hard-of-hearing) $2.00 per year. Send subscription to the Volta Bureau, 1537-35th St., N. W., Washington 7, D. C.

Education of the Deaf Child, A Guide for Teachers. Los Angeles City School Districts Pub. No. 576 (1953) Division of Instructional Services.

Exceptional Children—Journal of the International Council of Exceptional Children. National Education Association of the United States. 1201 16th, N. W., Washington 6, D. C.

Frampton and Call, **Special Education for the Exceptional.** Two Volumes, Porter Sargent, Boston (Vol. 2 Part II **Deaf,** Part III **Hard of Hearing**).

Haycock, G. Sibley, **The Teaching of Speech.** The Volta Bureau, Washington, D. C., 1952.

Hearing News (official organ of the American Hearing Society) monthly, $2.00 per year. Send subscriptions to American Hearing Society, 1537 35th St., N. W., Washington 7, D. C.

Journal of Speech and Hearing Disorders (official publication of the American Speech and Hearing Association) quarterly, $3.50 per year. Send subscriptions to Dr. D. W. Morris, Speech Clinic, 324 Derby Hall, Ohio State University, Columbus, Ohio.

The Illinois Plan for Special Education of Exceptional Children—Those With Impaired Hearing. Circular Series "C" No. 12, Supt. of Public Instruction.

FILMS

"That the Deaf May Speak"

16mm. Sound, Color. 42 min. Produced by the Campus Film Production Co. Write to the Lexington School for the Deaf, New York, N. Y.

CHILDREN WITH LEARNING DISABILITIES

LEARNING DISABILITIES DEFINED:

Children with learning disabilities are defined as those children with normal or potentially normal intelligence who because of some neuro-psychological factor are noted to have learning disabilities of a perceptual, conceptual, or integrative nature. Children with major sensory and motor deficits such as the blind, the deaf, the cerebral palsied, the mentally retarded or children whose learning deficit clearly is of emotional origin without concomitant neuro-psychological factors, are excluded from this category as there are already established programs and services to meet their needs.

Incidence:

Major interest in this area of disability is of very recent origin and there is still much confusion as to terminology and identification. Estimates of incidence, depends on individual interpretation of the scope of the category and vary from five (5) to twenty (20) per cent of total student population. Considering our definition and the limitations imposed, it is felt the incidence would not exceed five (5) per cent and would most likely be approximately two (2) to three (3) per cent of the total student population.

LOCATING AND IDENTIFYING THE CHILD WITH A SPECIFIC LEARNING DISABILITY

The locating and identifying of children with specific learning disabilities must be accomplished as early as possible. The success of a special school program in helping these children develop compensatory learning methods and to strengthen developmental delays in the visual-motor and perceptual areas is partially determined by the time between onset of the problem and application of special teaching methods. In addition there is a tendency for these youngsters to develop an overlay of emotional effect due to failure to achieve adequately and the resulting family and school tensions that arise.

Some children with neuro-psychological deficits will be identified prior to school age by medical authorities however, the majority will not be discovered until they are exposed to typical learning situations and are unable to succeed. It is vital that pre-school and first grade teachers be aware of the major signs and symptoms and have information concerning referral sources where extensive evaluations can be made. Ten characteristics most often noted are:

1. Hyperactivity.
2. Perceptual-motor impairments.
3. Emotional lability
4. General coordination deficits.
5. Disorders of attention (short attention span, distractibility, perseveration).

6. Impulsivity.
7. Disorders of memory and thinking.
8. Specific learning disabilities:
   a. Reading.
   b. Arithmetic.
   c. Writing
   d. Spelling
9. Disorders of speech and hearing.
10. Equivocal neurological signs and electroencephalographic irregularities.

A complete listing of symptoms can be found in the NINDB Monography No. 3.

A list of referral agencies which provide evaluating services can be found on page 107 of this bulletin.

Some common learning and test performance indicators are:

1. Spotty or patchy intellectual deficits. Achievement low in some areas; high in others.
2. Below mental age level on drawing tests (man, house, etc.).
3. Geometric figure drawings poor for age and measured intelligence.
4. Poor performance on block design and marble board tests.
5. Poor showing on group tests (intelligence and achievement) and daily classroom examinations which require reading.
6. Characteristic subtest patterns on the Wechsler Intelligence Scale for Children, including "scatter" within both Verbal and Performance Scales; high Verbal—low Performance; low Verbal—high Performance.

ESTABLISHING CLASSES FOR THE CHILD WITH LEARNING DISABILITIES:

Provisions for helping the learning disabled child may or may not include the establishing of a self-contained classroom situation with eligible children receiving all of their instruction from a special teacher. Special tutoring may be all the child needs with the major part of his time spent in the regular classroom or a part time special class placement with emphasis placed on his specific learning problem may suffice. If, however, a self-contained, total school placement is needed the classes should meet the following regulations if State Board approval is expected.

Size of Class:

By law, no special class can be established and reimbursed with less than five (5) eligible children. Because of the extreme variability inherent in this disability category the maximum class size will be determined by the complexity of the individual problems of the students involved, the case load should not exceed ten (10) students at any one time.

Eligibility for Placement:

A child shall be eligible for placement only when on the basis of individual evaluation by a qualified psychological examiner or a medical doctor, he meets the following criteria:

1. Normal or potentially normal intelligence (IQ 90 or above). In view of the current concept of the structure of the intellect, care should be exercised in testing so as to sample as many of the factors as possible. If a child cannot score in the normal range on any of the tests used, but the examiner feels the potential is present he may make a special recommendation stating his reasons for suggesting such placement. Final determination of eligibility of special cases shall be at the discretion of the representation of the State Board of Education.
2. There must be some evidence of specific learning disabilities whose etiology can be inferred from psychological or neurological tests; this evidence should be available to support the inference of the presence of some neurological dysfunction.
3. Children whose major problem is emotional in nature are not eligible for placement in a class for children with learning disabilities.

A SPECIAL CONSIDERATION:

Most criteria for placement in a class for children with learning disabilities include statements restricting placement to children of normal or potentially normal intelligence. There is some question as to the validity of this particular criterion as there are, no doubt, children with specific learning problems in the slow learning category who have problems of perception, conception, and ideation, and need the same type of special teaching as do the other children with learning disabilities. The curriculum, however, would be different and it appears unadvisable to suggest mixing the two groups for instructional purposes. In order to not miss this group of youngsters, who do need special help, classes for them can be established under the general area of Learning Disabilities. Mixing the two groups, however, would not be acceptable and could not be approved for special education reimbursement.

The Parents:

The child with a learning disability generally presents such a puzzling picture that the average parents find themselves at a complete loss in coping with his behavior. They are aware that something is wrong and are usually trying to do something about it, generally the wrong thing since the behavior is of organic causation and does not respond to control methods assuming psychological etiology. Parents need to be informed of the differences in the behavior and learning patterns of these children. They need to know the most efficient and acceptable ways of working to alleviate the problems. Since these youngsters react normally in some areas, many parents and teachers assume that their failure in other areas is simple stubborness and willful unruliness, and react accordingly. Parents and teachers tend to punish impulsivity, hyperactivity, and perseverative behavior. They apply pressure to the slow, and require additional study in areas of failure. Frustration and anxiety are created because of general problems occurring due to poor coordination. All these problems are beyond the control of the child and need sympathetic understanding and special help rather than punishment and pressure.

The special teacher and other personnel involved in these programs should make a special point of counseling with the parents as without their sincere cooperation the teacher will experience many problems brought on by erratic and unknowing treatment of the child's behavior. The reasons for special placement must be carefully explained and suggestions for home help carefully outlined so that the child's total experience can be used in ameliorating his disability.

The Faculty:

School personnel, other than the special education teacher, should be completely informed of the basis for selecting children for learning disability classes. Many of these children have been behavior problems and it is important they realize there are specific criteria for placement besides behavior problems. Complete understanding and acceptance of the class will make it easier to initiate re-entry of the children into the regular program if and when they progress sufficiently to enable them to succeed without the special help. Trial placements in regular sections may be necessary and unless the entire faculty is willing to accept the problems that may arise, the pupil's chances of habilitation are prejudiced. The establishment of good relations between the special class and the regular groups cannot be over-emphasized and should be one of the major concerns of the special teacher and the administration. The special training and knowledge of the teacher can make her valuable to all the teachers and she should seek the opportunity to help whenever possible.

CLASSROOM ORGANIZATION:

The Teacher: The key person in determining the success of a class for children with learning disabilities is the teacher assigned to the class. While the class load is much smaller than in a regular class, the extreme individuality of the problems of the students makes it necessary for the teacher to also be "special." In addition to having all the competencies of a good regular teacher, she must have a special interest in, and empathy for the "problem child" or more correctly, the child with problems. The child's behavior may be as bad as his learning is deficient. She must be able to recognize that poor behavior may result from anxiety and frustration over failure to learn and that a change in teaching methods rather than discipline will produce positive results in many cases. The teacher must know all the regular methods plus the many special ways of working around or compensating for the variety of learning problems in a typical special class. She must be able to read the psycho-neurological and medical reports and translate the deficiencies mentioned into special educational methods for remediation. This infers a knowledge of the perceptual, conceptual, and ideational processes as they relate to learning problems and the ability to use that knowledge in a practical manner.

The Classroom: Even though the number of children in a class of this type is very small as compared to a regular room, the necessity of providing different learning situations for different children necessitates a classroom of sufficient size to provide space for individual carrels, group study, equipment and supply storage and space for some equipment for developing motor coordination and skills.

The room should be located in an area of the school where there is the least traffic and distracting influences. It would be best if it did not have windows; however, if there are windows, blinds should be provided. The room decor should be simple, with quiet colors. The teacher must be careful of the type and number of items displayed, keeping all displays at a minimum. Any unusual reaction on the part of the students should be considered in developing new display materials.

Curriculum: The curriculum for teaching disabled children should, in general, be the same as the general curriculum for normal children. Each child's program must, of course, take into consideration his specific strengths and weaknesses and should have as a goal the development of individual potential to the limits of capabilities. The major change in classroom procedures will be in the use of special methods and materials to enable the students to reach their potential. Since the child placed in a special class obviously has not been able to learn using the traditional methods and materials, the special class must have at hand every possible aid available and the teacher must be aware of the way of using the aids in promoting learning.

The following specific areas of learning disabilities are often noted and it was found that the use of special materials or methods was necessary before remediation could be accomplished. This listing is by no means exhaustive and is presented only as a starting point in developing specific remedial procedures.

1. Sensori-motor skills
   Tracing, dot to dot reproductions, kinesthetic and tactile exercises are helpful in developing this skill but necessitate special equipment such as sand boxes, large cut out letters, etc.

2. Visual-perceptual skills
   a. form perception
   b. figure-ground relationships
   c. position in space or spatial orientation
   d. visual sequence memory
   One example in this area is the need for special materials as most current workbooks and texts are visually crowded. This creates extreme problems for the child impaired in this area of functioning.

3. Auditory dysfunction
   a. auditory sequence memory
   b. sound discrimination
   c. blending sounds
   d. difficulty in differentiating sounds in isolation or in context of words
   The use of a tape recorder with ear phones can, by cutting out extraneous sounds, prove useful in developing this skill.

4. Lack of auditory-visual integration
   The use of a Language Master device or a tape recorder using visual clues as well as auditory is one method of remediating this problem.

5. Memory as associated with comprehension
   The inability to maintain two or three items in memory often causes a loss of critical elements so destroying the "whole" needed for concept formation, this may affect comprehension. The teacher needs to present the material in smaller and more discrete units. The teacher should also be careful that the materials for visual stimulation are not highly complex as the student in examining a picture with many parts will have difficulty remembering all of the parts that make up the total picture and, therefore, show poor comprehension of the total idea.

6. Symbol-meaning association
   a. Aphasia—memory and recall problems
   b. Agnosia—unknowingness to sound
   c. Dyslexia—inability to read
   The many problems in this area preclude suggestions other than the advisability of seeking the aid of the speech and reading specialists. The specialists can suggest methods and materials for the particular case in question.

BIBLIOGRAPHY OF LEARNING DISABILITIES

I. LEARNING DISABILITIES—GENERAL

Ashlock, Patrick; and Stephen, Alberta **Educational Therapy in the Elementary School.** Springfield, Illinois: Charles C. Thomas, 1966.

Bateman, Barbara. Learning disabilities—an overview. **Journal of School Psychology,** III, 3, Spring, 1965. p. 1-12.

Bateman, Barbara. Learning Disabilities—Yesterday, Today, and Tomorrow. **Exceptional Children,** 31, December, 1964, p. 166-167.

Bateman, Barbara. Learning Disorders. **Review of Educational Research,** XXXVI, 1, February, 1966, p. 93-119.

Birch, Herbert G., editor. **Brain Damage in Children: The Biological and Social Aspects.** Baltimore: Williams and Wilkins Co., 1964.

Bulletins of the Orton Society, Inc. (Box 153, Pomfret, Conn.)

Cruickshank, William M., Editor. **The Teacher of Brain-Injured Children.** Syracuse, N. Y.: Syracuse University Press, 1966.

Exceptional Children. Dec., 1964. 31:4, Council for Exceptional Children, NEA, 1201 16th St., N. W., Washington, D. C. 20036

Gellner, Lise. A neurophysiological concept of mental retardation and its educational implications. Chicago: Levinson Research Foundation. 1959.

Hellmuth, Jerome, editor. **Learning Disorders,** Volume I. Seattle, Washington; Special Child Publications, 1965.

Hellmuth, Jerome, editor. **Learning Disorders,** Volume II. Seattle, Washington; Special Child Publications, 1966.

Hellmuth, Jerome, editor. **The Special Child in Century 21.** Seattle, Washington, Special Child Publications, 1964.

Kirk, S. A. and Becker, W. (Eds.) **Conference on Children with Minimal Brain Impairment.** Urbana, Univ. of Ill. Press, 1963.

Minimal Brain Dysfunction in Children: Terminology and Identification. NINDB Monograph, no. 3. U.S. Public Health Service Publication No. 1415. 1966.

Rawson, Margaret B. **A Bibliography on the Nature, Recognition, and Treatment of Language Difficulties.** Pomfret, Conn., the Orton Society, 1966.

II. DIAGNOSIS/REMEDIATION OF LEARNING DISABILITIES—GENERAL

Cruickshank, W. M., Bentzen, F. A. Ratzeburg, F. H. and Tannhauser, M. T. **A Teaching Method for Brain-Injured and Hyperactive Children.** (Chapters I, II, III, IV, VI, VIII). Syracuse Univ. Press, 1962.

DeHirsch, Katrina; Jansky, Jeanette J.; and Langford, William S. **The Prediction of Reading, Spelling, and Writing Disabilities in Children: A Preliminary Study.** Final report to the Health Research Council of the City of New York, Columbia University Contract U-1270, New York: Columbia University, 1965.

Gallagher, J. J. Educational methods with brain-damaged children. In J. Masserman (Ed.) **Current Psychiatric Therapies,** Vol. II. New York: Grune and Stratton, 1962, pp. 48-55.

Gallagher, J. J. **The Tutoring of Brain-Injured Mentally Retarded Children.** Springfield: Charles C. Thomas, 1960.

Haussermann, Elsie. **Developmental Potential of Preschool Children: an Evaluation Intellectual, Sensory, and Emotional Functioning.** New York: Grune and Stratton, 1958.

Kirk, S. A.; and Bateman, Barbara. Diagnosis and remediation of learning disabilities. **Exceptional Child,** 1962, 29, 73-78.

III. LANGUAGE DISABILITIES

Bateman, Barbara, **Clinical Interpretation of the 1961 Experimental Edition of the Illinois Test of Psycho linguistic Abilities.** Chicago: Follett, Publishing Co., 1967. (in press)

Bateman, Barbara. **The Illinois Test of Psycholinguistic Abilities in Current Research.** Urbana: Univ. of Illinois Press, 1964.

Englemann, **Concept Inventory,** Follett Publishing Co., 1000 W. Washington, Chicago, Ill.

Kirk, S. A. and McCarthy, J. J. The Illinois Test of Psycholinguistic Abilities—an approach to differential diagnosis. **Amer. J. Mental Deficiencies,** 1961, 66, pp. 399-412.

Myklebust, H. R.. **Auditory Disorders in Children.** Chapter XIV New York: Grune and Stratton, 1954.

Reichstein, Jerome; and Rosenstein, Joseph. Differential Diagnosis of Auditory Deficits—A Review of the Literature. **Exceptional Children** 31: October, 1964, pp. 73-82.

Spradlin, J. E. **Parson's Language Sample,** (Univ. of Kansas, Research Division, Lawrence, Kansas).

Wood, Nancy. Evaluation of language disorders in children of school age. In W. T. Daley (Ed.) **Speech and Language Therapy with the Brain-Damaged Child.** Washington, D. C.: Cath. Univ. of Amer. Press, 1962.

Bereiter, Carl; and Englemann, Siegfried. Teaching Disadvantaged Children in the Preschool. Englecliffs, N. J.: Prentice Hall, 1966.

Blue, C. M. The effectiveness of a group language program with trainable mental retardates. Summarized in Barbara Bateman. **The Illinois Test of Psycholinguistic Abilities in Current Research.** Urbana: Univ. of Illinois Press, 1964.

Daley, W. T. (Ed.) **Speech and Language Therapy With the Brain-**

damaged Child. Wash., D. C.: Catholic Univ. of American Press, 1962.

Kleffner, F. R. Aphasia and other language deficiencies in children: research and teaching at Central Institute for the Deaf. In W. T. Daley (Ed.) **Speech and Language Therapy with the Brain-damaged Child.** Washington, D. C.: Catholic Univ. of American Press, 1963.

Lowell, E. L. and Stoner, M. **Play It by Ear.** John Tracy Clinic. 1960.

McGinnis, M. A. **Aphasic Children: Identification and Education by the Association Method.** Wash., D. C.: Alexander Graham Bell Association for the Deaf, 1963.

Myklebust, H. R. **Auditory Disorders in Children.** Chapter XIV. New York: Grune and Stratton, 1954.

Smith, J. O. Effects of a group language development program on the psycholinguistic abilities of educable mental retardates. Summarized in Barbara Bateman, **The Illinois Test of Psycholinguistic Abilities in current research,** Urbana: Univ. of Illinois, 1964.

Wiseman, D. E. Program planning for retarded children with psycholinguistic disabilities. Doctoral dissertation, University of Illinois, 1966.

IV. VISUO-MOTOR DISABILITIES (DIAGNOSIS AND REMEDIATION)

Barsch, Ray H. A Movigenic Curriculum. Madison: Bureau For Handicapped Children, Wisconsin State Department of Public Instruction, 1965.

Cruickshank, W. M., Bentzen, F. A., Ratzeburg, F. H. and Tannhauser, M. T. **A Teaching Method For Brain-Injured and Hyperactive Children,** Chapter V. Syracuse Univ. Press, 1962.

Frostig, Marianne and Horne, D. **The Frosting Program For the Development of Visual Perception.** Chicago: Follett Publishing Co., 1964.

Kephart, N. C. **The Slow Learner in the Classroom.** Columbus: Charles E. Merrill Books, Inc., 1960.

Painter, Genevieve. The Effect of a Rhythmic and Sensory-motor Activity Program on Perceptual, Motor, and Spatial Abilities of Kindergarten Children. **Exceptional Child,** 33, 2, Oct., 1966, pp. 113-118.

Roach, E. G., and Kephart, N. C. **Purdue Perceptual-Motor Survey,** Columbus, Ohio: Charles E. Merrill, 1966.

V. READING

Benton, A. L. Dyslexia in Relation to Form Perception and Directional Sense. In J. Money (Ed.), **Reading Disability: Progress**

and Research Needs in Dyslexia. Baltimore: Johns Hopkins Press, 1962.

Critchley, MacDonald. **Developmental Dyslexia,** Springfield, Ill.: Charles C. Thomas, 1964.

Flower, Richard M.; Gofman, Helen F.; and Lawson, Lucie I.; Eds., **Reading Disorders.** Philadelphia: F. A. Davis Co. 1965.

Hermann, K. **Reading Disability: A Medical Study of Word-blindness and Related Handicaps.** Springfield: Charles C. Thomas, 1959.

Hinshelwood, J. **Congenital Word-blindness.** London: H. K. Lewis and Co., 1917.

Malmquist, E. Factors Related to Reading Disabilities in the First Grade of Elementary School. Stockholm: Almquist and Wiksell, 1958.

Money, J. (Ed.) **Reading Disability; Progress and Research Needs in Dyslexia.** Baltimore: Johns Hopkins Press, 1962.

Money, J. (Ed.) **The Disabled Reader.** Baltimore: Johns Hopkins Press, 1966.

Rabinovitch, R. D. and Ingram, W. Neuropsychiatric Considerations in Reading Retardation. **Read. Teaching,** 1962, 15, 433-438.

Russell, D. H. and Fea, H. R. Research on Teaching Reading. In N. L. Gage (Ed.) **Handbook of Research on Teaching.** Chicago: Rand McNally and Co., 1963.

Smith, D. E. and Carrigan, P. M. **The Nature of Reading Disability.** Chicago: Harcourt and Brace, 1959.

Traxler, A. and Townsend, Agatha. **Eight more years of research in reading: summary and bibliography.** Educational Records Bureau, 1955.

Bliesmer, E. P. and Yarborough, Betty H. A comparison of Ten Different Beginning Reading Programs in First Grade. **Phi Delta Kappan** 46: June, 1965, pp. 500-504.

Bryant, N. D. Some Principles of Remedial Instruction for Dyslexia. Pre-publication draft obtained from author by writing to 225 Ontario Street, Albany 3, New York.

Delacato, C. H. **The Diagnosis and Treatment of Speech and Reading Problems.** (Chapters VII, VIII, and IX) Springfield: Charles C. Thomas, 1964.

Gillingham, Anna and Stillman, Bessie. **Remedial Training For Children With Specific Disability in Reading, Spelling, and Penmanship.** Mass.: Educators Publishing Service, Inc., 1960.

Mazurkiewicz, Albert J., et al. I/T/A and Learning Disorders, in **Learning Disorders,** Volume I, (Ed. J. Hellmuth). Seattle, Wash.: Special Child Publications, 1965.

Shiffman, G. Dyslexia as an Educational Phenomenon: Its Recognition and Treatment. In J. Money (Ed.) **Reading Disability: Progress and Research Needs in Dyslexia.**

Slingerland, Beth and Gillingham, Anna. **Training in Prerequisites for Beginning Reading.**

VI. IMPLEMENTATION OF TEACHING STRATEGIES

Krasner, Leonard and Ullman, Leonard P. **Research in Behavior Modification.** New York: Holt, Rinehart and Winston, Inc., 1965.

Ullman, Leonard P. and Krasner, Leonard. **Case Studies in Behavior Modification.** New York: Holt, Rinehart and Winston, Inc., 1966.

EMOTIONALLY DISTURBED

Administrators and teachers in the public schools of Oklahoma have long been aware that some children enrolled in school are socially and emotionally maladjusted to the extent that their progress in school work is significantly hampered. Teachers of regular classes have struggled conscientiously to help these children but have often felt frustrated in their efforts and have usually had to settle for only a moderate degree of success.

The 26th Session of the Oklahoma State Legislature passed legislation which made it possible for school districts to establish and operate special education classes for emotionally disturbed children. This legislation provides for reimbursement for these classes on the same basis as other types of special education classes, subject to the approval of the State Department of Education.

THE EMOTIONALLY DISTURBED DEFINED:

The emotionally disturbed child is defined as one who, because of breakdown in the family constellation or because of economic, social or other conflicts, has failed to mature socially and emotionally within the limits imposed by society. Because of these unresolved social and/or emotional conflicts, the child is unable to adjust himself to the routine of a regular classroom and profit from the instructional program offered.

INCIDENCE:

Studies of the incidence of emotional and social disturbances among children have reported incidences varying from less than 1 per cent to as high as 18 per cent of all children being so classified. These apparent discrepancies are probably related to the age group, sex, and socio-economic level being investigated rather than resulting from unreliable survey techniques. On the basis of the present data available, a conservative estimate would indicate that at least 2 per cent, or approximately 11,444 children with severe emotional conflicts, are now enrolled in the public schools of Oklahoma.

LOCATING AND IDENTIFYING THE EMOTIONALLY DISTURBED:

1. Many children in need of special class placement are easily recognized because of their "acting out" behavior. Such symptoms as excessive aggressiveness, hostility, negativism, bullying and lack of conformity are usual signs. While not all children manifesting these symptoms would be eligible for special class placement, all such children may be considered candidates for placement and referral is left to the discretion of the classroom teacher.
2. Some children who pose fewer problems of management

in the classroom, but who may be in urgent need of special help, are often overlooked by teachers. These are children who manifest behavioral symptoms of excessive shyness, withdrawal, inability to relate to others, nail biting, thumb sucking, etc. Any child who engages in this type behavior excessively should also be considered as a possible candidate for special class placement.

3. School records (Cumulative Folders) that have been well kept with systematic observations of the teacher entered, with test data, grades, etc. recorded are useful in locating children in need of special class placement.
4. Family physicians, pediatricians, psychiatrists, mental health and child guidance clinics also constitute reliable sources for locating and referring children with emotional problems.

ESTABLISHING CLASSES FOR EMOTIONALLY DISTURBED CHILDREN:

Size of Class: A class for emotionally disturbed children may be organized with a minimum of five (5) children and a maximum of ten (10) children. The severity of the handicap of some emotionally disturbed children often necessitates their being placed on a limited school program. In keeping attendance records for the purpose of computing State Aid, see State Board Regulation regarding length of school day.

Eligibility For Placement: Eligibility for placement in the class for Emotionally Disturbed Children is based on the following criteria:

1. The child must be of legal school age.
2. The child must be of average intelligence or above as determined by individual diagnostic psychological study, or otherwise determined eligible for placement by a psychologist. Diagnostic evaluation and recommendations for special class placement must be made by a qualified psychological examiner approved by the State Department of Education.
3. The child must have had a complete medical examination within the year prior to his placement in the special class. If such examination has not been done, the parents will be urged to have the child seen for examination before placement is granted.
4. A child may be recommended for placement by a specialist in both private and community agencies. Although these agencies may make recommendations, authority for actual placement and supervision of the class is the responsibility

of the local school superintendent or his designated representative.

5. The parents of a child considered eligible for placement must agree to placing the child in the special class and must be available to work with the teacher, school administration, psychologist, psychiatrist, and any resource person designated by the local school authority.

6. The parents of a child placed in the special class setting may be required to participate in a group parent counseling program under the supervision of the local school administration or other service agencies designated by this authority. Parents being seen by psychiatrist and or other private counseling services may be excused from attendance in parent counseling group.

7. Placement in the special class is based upon a semester's attendance and parents are urged to permit placement for a minimum of one semester. Initial placement in the special class is on a probationary basis and termination of his enrollment may be recommended by the staff responsible for the operation of the class. Termination may be recommended for any or all of the following reasons: (1) The program has not been found appropriate to the needs of the child. (2) The parents fail to cooperate in meeting the limitations of the program for parents, as outlined above. (3) The child's behavior and adjustment prove to be inimical to his own welfare as well as the welfare of other children. (4) The child has made sufficient progress to return to the regular classroom setting.

The Parents: Since the problems of emotionally handicapped children frequently have their origin within the framework of the home and family relationships, it follows that the role of the parent becomes particularly significant. The parents should not only agree to placing their child in the special class; but should be willing to cooperate in providing necessary transportation, medical examination, and other services as might be required. In addition it is essential that the parents take part in the parent counseling group provided for parents of emotionally disturbed children. The availability and willingness of parents to participate in these groups and otherwise work with the teacher, school psychologist, school administrator, and other designated persons should be a determining factor for providing special class placement for the child.

Other Members of the Faculty: Any school establishing special classes for emotionally disturbed children should make every effort to assure that other members of the faculty understand the nature and the purpose of the special class. The understanding and cooperation of other faculty members will contribute significantly to the success of the program of a special class.

The School Administrator: The local superintendent or his designated authority shall have the administrative responsibility for establishing, operating, and setting policies for the special class. It is his direct responsibility to qualify the class in accordance with the Oklahoma State Department of Education requirements for approval for reimbursement.

The School Psychologist: The work of psychological evaluation, making recommendations for special class placement, serving as consultant to the special teacher, counseling with parents, assisting with parent study groups, and re-evaluating children as the need is indicated are all duties generally performed by the School Psychologist. It immediately becomes apparent that the psychologist fills a key role in the organization and operation of this type of special class. In view of this, school districts desiring to institute classes for emotionally disturbed children should first employ or otherwise arrange for the service of a qualified psychologist.

The Visiting Counselor (Visiting Teacher): The Visiting Counselor who, by training and experience is an educator-social worker, serves as an important resource person for the special class for emotionally disturbed children. She is in a position to work with the special teacher, the children in the class, and the parents. In addition she represents a valuable source through which referrals may be made in order to secure the help and cooperation of other community agencies.

County Units: County superintendents may organize and operate special education programs as provided by law. Reimbursement of special education funds will be made to each participating school district on a proportionate basis.

CLASSROOM ORGANIZATION:

The purpose of the class for emotionally disturbed children is to provide a classroom setting in which these exceptional children may have opportunity for group living experiences, individual and group therapy, and instructions in the conventional tool subjects based upon the individual readiness.

The Teacher: The teacher for emotionally disturbed children shall hold a valid special education certificate. In addition care should be exercised in selecting a teacher who by attitudes, personality and personal adjustment will be able to work most effectively with this type of children. She must be able to place the emphasis of her teaching upon social skills and the individual adjustment of the child to his environment. She must be interested to the degree that she will study each child individually and learn his needs. She should have a good background of training in the area of child development and psychology, including knowledge of behavior theories and therapeutic processes. Since the participation of many resource agencies (physicians, psychiatrist, psychologist, social workers, etc.) is required to assure the successful operation of a class for disturbed children, the teacher must be able to make systematic observations of the children in the class, maintain accurate records, and be able to communicate information regarding the children to other professional personnel. Above all else, the teacher should be dedicated to her duty of helping each child in her class effect an adjustment to the extent that he may be returned to a regular classroom with the greatest degree of expediency.

Classroom: The classroom for emotionally disturbed children should conform to the requirements of any classroom in terms of adequate size, lighting, seating, and room furniture. A wide range of materials and equipment will be needed to provide for the differences in readiness of children in the class. If possible the room should have individual entrances with ready access to the playground and play equipment. Running water in the room with restrooms either in or immediately adjacent to the room are also recommended.

Curriculum: The over-all plan and purpose of the special class for emotionally disturbed children is to help them effect a degree of personal adjustment sufficient to return to a regular classroom. With this aim in view a good deal of emphasis is placed upon the therapeutic processes both individually and in groups. Since the design is to return these children to a regular classroom, the curriculum follows the modern, well planned educational program. The skills of reading, number work, language, and social relationships are stressed. Social studies, art, and manual activities are taught for their academic content as well as serving important therapeutic purposes. While following the regular curriculum as to content, it becomes necessary to individualize instructions, employ special methods of instructions, and to work with wide variations in readiness. Emphasis must be given to remedial type instruction since one of the characteristics common to most emotionally disturbed children is a failure to achieve academically at a level commensurate with their age and intellectual expectancy. In short, the curriculum for these exceptional children becomes a well proportioned combination of teaching and therapy.

SELECTED REFERENCES

Birch, J. W., "Special Classes and Schools for Maladjusted Children." **Exceptional Child,** Vol. 22 (1956), pp. 332-37.

Buhler, C., et al., **Childhood Problems and the Teacher.** New York: Henry Holt and Co., 1952.

Epheron, B. K., **Emotional Difficulties in Reading: A Psychoanalytical Approach.** New York: Julian Press, 1953.

Jersild, A. T., **In Search of Self.** New York: Bureau of Publications, Teachers College, Columbia University, 1952.

Kornberg, L., **A Class for Disturbed Children.** New York: Bureau of Publications, Teachers College, Columbia University, 1955.

Lippman, H. S. **Treatment of the Child in Emotional Conflict.** New York: McGraw-Hill Book Co., Inc., 1956.

McCarty, B., "Educational Therapy." **Journal of Educational Psychology,** Vol. 45, (1954). pp. 65-80.

The Nervous Child. Vol. X, Nos. 3-4 (1954), whole issue subtitle: "School-Psychopathology and Classroom Psychotherapy."

Newman, R. G., "The Acting Out Boy." **Exceptional Children,** Vol. 22, No. 5 (February 1956), pp. 186-90, 204-06, 215-16.

Redl, F. and D. Wineman, **Children Who Hate.** Glencoe, Ill.: The Free Press, 1951.

................, Controls from Within. Glencoe, Ill.: The Free Press, 1952.

Wolf, R., and F. Wolf, "Helping Children Who do not Want to Learn." **Journal of Educational Sociology,** Vol. 29 (1955), pp. 89-96.

VISITING COUNSELOR

Role of the Visiting Counselor:

The Visiting Counselor is not a glorified title for a truant officer, nor is he another counselor who serves several schools or school districts instead of just one. He is not a school psychologist, a psychometrist, a remedial teacher, nor a special administrative assistant to the superintendent or principal. In the course of his duties, he may in some manner do some of the things ordinarily done by school personnel afore mentioned; but he does not supplant or duplicate any of them.

The work of the visiting counselor is a part of an interprofessional approach to understanding and providing help, within the program of the school, for children who are having difficulties in using the resources of the school effectively. He may provide help in relieving the current symptoms of a child's problem, but his goal is corrective and preventative in nature rather than trouble shooting. Through the case work approach, he brings to bear all the needed facilities and services of the school and community on the child's problems in order to assist him in making adjustments that will allow him to gain the most from his school experiences. To achieve this goal, the visiting counselor may utilize the services of the physicians, school nurse, school psychologist, guidance and educational counselors, reading specialists, special education teacher, community social agencies, service and church organizations, or any other agency or individual. He might be considered a liaison person between the home, school, and community agencies. The Visiting Counselor acts as a consultant to teachers, principals, and other school personnel. His special contribution is based on his understanding of human behavior, his skill in relationship and interviewing, and his ability to use school and community resources.

Personal Qualifications:

Academic qualifications are admittedly very important but even more important are the personal attributes that enable an individual to perform beneficial services as a visiting counselor. Without certain general personal factors and attitudes, no amount of academic background can compensate for inability to place information into effective operations. On the other hand, the individual who is capable of working with people and has an interest in this endeavor can eventually acquire the necessary academic qualifications. There is no one type of personality that is best suited for the position of visiting counselor. Therefore, in discussing personal qualifications we must of necessity over-generalize. If we view the visiting counselor role as involving an intimate working relationship with others, we can suggest certain guide-lines for selection of indivduals to assume the position of visiting counselor.

Fundamentally, a person should have a sincere respect and love for both children and adults that grows out of a real acceptance, respect, and affection for himself. Emotional maturity is an important factor because the visiting counselor works with people who are struggling with psychological stress; and therefore, the professional person must be objective and not impose his own psychological needs onto those they are attempting to help. The visiting counselor, to be successful and satisfied, must enjoy working with others and have a need to understand as well as to help. Any individual or social situation involves a great complexity of factors that can only partially be understood, but a spirit of inquiry, objectivity, and confidence may provide some aid. A punitive or judgmental approach of other people's worth will only interfere with the visiting counselor's attempts to work with others. Every individual is unique and proceeds through life at his own pace, adjusting to life as he sees it. The successful visiting counselor appreciates that everyone has reasons for what he does, but he may be able to accept help in his attempts to grow and mature. He should be open-minded and ever searching for additional information and understanding. This includes a constant recognition of our own involvement as human beings working with other human beings.

Due to the confidential and intimate nature of much of the visiting counselors activities, ethical considerations must be honored when working with others. Visiting counselors respect the rights of parents, teachers, and children in terms of maintaining confidentiality. In essence, the visiting counselor recognizes and works consistently as a professional person who offers services for those who have need and can accept aid without imposition or judging.

Certification Requirements:

Refer to State Regulations published in State Department Bulletin Teacher Education, Certification, and Assignment Handbook.

LOCATING AND IDENTIFYING THE CHILDREN WHO NEED VISITING COUNSELOR SERVICES:

At the outset it must be understood that the Visiting Counselor Program is not meant to resolve all the problems of administrators, teachers, and parents that grow out of children's adjustment to the school situation. However, there are children who need specialized help that is beyond what one could expect the classroom teacher or school administrator to give. This could be due to the lack of time or, in some cases, the lack of specialized training or understanding of some types of maladjustments.

Children who are usually referred to the visiting counselor are those whose behavior in the classroom or other school situation is symptomatic of poor social and/or emotional adjustment. Some of the more common manifestations of these problems are over-aggressiveness, withdrawingness, truancy, academic under-achievement, apathy, lack of physical energy, sullenness, resentfulness, stealing, habitual lying, telling of fantastic stories, cruelty, temper tantrums, excessive day dreaming, fearfulness, showing off, feigning illness to escape responsibilities, twitching, tics, stuttering, and specific learning problems such as reading. Where help is not otherwise available, the visiting counselor can usually find ways to assist destitute children. Another important function is that of being a liaison person between the home and the school.

Records:

Statistical reports give an objective view of the work of each individual worker, as well as the visiting counselor program. These reports are important in the evaluation of the total program. Uniformity is necessary if materials compiled from these reports are to be useful at the local and state levels.

Several purposes are served by statistical reports. They are one instrument used by the administrator in evaluating the overall functioning of individual workers and of departments of visiting counselors. Monthly reports indicate the flow of referrals and activity on cases. Annual reports give an objective record of the activity for a total year. They also serve the individual worker as one means of evaluating his own performance.

Both monthly and annual statistical reports can be used to help in the interpretation of the service. They help key personnel to understand the scope of the program. In turn, these reports may be used by key people when they interpret the program to faculties, community personnel, and the lay public. Some school districts reproduce these reports for Boards of Education, and thus help the Board to carry out its responsibility to support and interpret the service.

It is essential that adequate records be maintained by any visiting counselor to insure efficiency and accuracy. An objective, up-to-date file should be maintained on all cases to enable communication of pertinent information to school personnel and community agencies. Confidentiality of case work information must be maintained to protect the parents, students, and schools. It is recommended that release of information permission be obtained before transfer of any case reports outside the school system. Within a school or school system, some notation should be made in the student's cumulative folder to indicate visiting counselor involvement. Placement of visiting counselor reports in cumulative folders is not encouraged because of difficulty in maintaining confidentiality. It is recommended that verbal reports be given via conferences with people who are working with the child, i.e., teachers, principals, parents, etc. Written reports should never be given to parents but oftentimes can be shared with teachers although this policy depends upon administrative decisions of the individual principal.

VISITING COUNSELORS' REPORT TO DIVISION OF SPECIAL EDUCATION:

At the end of each semester, a summary of the visiting counselors' statistical reports should be made and sent to the Division of Special Education. Forms will be provided, however, if individual school districts have reports already in use they may be substituted if they contain essentially the same items of information requested.

Files—A central file of all current cases, as well as cases of students still attending school within the system, should be kept to provide possible aid in the event a case is re-opened. Where more than one visiting counselor services a system, a central filing system should be established under the supervision of authorized personnel who can be responsible for the confidential file for the entire calendar year.

The school district has the responsibility to provide adequate filing space. When local conditions do not permit the most desirable type of facility, the superintendent, director of special education, or another administrator responsible for the program in the district will plan with the visiting counselor for safe keeping of records during school and vacation time. When there are two or more workers in a district, a central filing system during summer vacation periods permits **authorized** administrative personnel to have access to material in case records when needed.

Physical Needs:

The physical needs required to meet the functioning role of the visiting counselor are dictated by the needs of privacy, confidentiality, and motility. The visiting counselor's interviews with children and parents, because of their intensive and intimate nature, require a quiet, private environment. To meet this need, the following suggestions are made:

Office Space—The prime requisite for a visiting counselor's office is **privacy**. When a child, parent, or another adult discusses problems which are affecting him deeply, he should be able to do so without fear of being overheard or interrupted. An office near a music room, boiler room, gymnasium, or other noisy unit should be avoided. Proper lighting, ventilation, and acoustics are as important as they are in administrative offices and classrooms.

The office should be centrally located in the school, but detached from administrative offices, so that the visiting counselor is not identified with administrative functions.

When a worker serves several schools on a scheduled basis, there should be a base office for him. This office will contain his files, phone, and other facilities. Some large school districts which have several visiting counselors provide a large base office for all of them. With this arrangement, a private interviewing area should be provided. In planning for space, thought should be given to the number of personnel a district may ultimately employ.

Clerical Help—It is imperative that the visiting counselor be provided qualified clerical help to maintain adequate records, type reports, screen phone calls, act as receptionist for drop-ins, and maintain statistical reports. The visiting counselors should be allowed to devote their entire time to professional services and not be required to assume clerical duties that of necessity develop in the visiting counselor program. The size of the clerical staff will vary according to the number of visiting counselors working in a system. It is suggested that a feasible ratio should be one secretary for each six visiting counselors. The secretary should be delegated responsibility to maintain confidential files, both the master index of students seen, as well as individual case reports. For this purpose, locked filing cabinets should be provided.

Telephones—Visiting counselor programs must have telephone service available to make many calls required to home and community agencies. It is not feasible to expect a visiting counselor to employ ordinary school phones for these purposes because it would interfere with the school's need for telephonic use. It is, therefore, suggested that whenever possible the visiting counselor have the use of a phone other than ordinary school telephones.

Travel Allowance:

Since only rarely can a visiting counselor function effectively without an automobile, a travel allowance is a necessity. Home visits and frequent contact with community resources are essential functions of the position. Usually, district policy regarding travel allowance will set a precedent.

Case Load:

The question of the size of the case load in visiting counselor programs is complicated by factors unique to the school setting in general and also to circumstances in individual school systems. Various factors such as intensity of service, number of schools served, the character of the community, and present recognition of priorities must be considered in determination of size of case load.

Some visiting counselors serve large areas with responsibility for a large school population in as many as twenty or more schools, while others serve from one to three schools varying in total number of children enrolled from eight hundred to two thousand. When a worker serves an unusually large area and/or school population, some administrators have approved the plan of having the worker serve a few schools on a regular, planned basis with limited service to other schools until sufficient staff is available. This is considered to be a better practice than having the visiting counselor attempt to give superficial coverage to all schools.

The decision regarding the particular children to be served does not rest entirely with the visiting counselor. Most visiting counselors feel under pressure to accept more referrals than they can adequately handle. The decision about when to terminate unfinished work in order to accept new cases creates difficulty for them.

It will be necessary to work out the kind of administrative plan that will make possible a regulation of intake compatible with the visiting counselor's ability to carry out his functions on a sound casework basis. This implies good administrative policies and procedures formulated not only by the superintendent but worked out between the visiting counselor and the principal of the individual school. As principals gain understanding of the visiting counselor program and how it helps the school achieve its purpose, they accept a realistic case load and then can give guidance in the selection of cases to be included in intake at a specific time.

It is recommended that minimum case loads for program approval are as follows:

1. Full time program—250.
2. Half time program—125.
3. Other parts of a program in proportion.

These figures are not to be used as maximum case loads nor does carrying the minimum load constitute that part of a program unless equivalent time is spent serving children with social and/or emotional problems.

REGULATIONS GOVERNING A PROGRAM FOR VISITING COUNSELORS

1. The teacher must hold an Oklahoma Visiting Counselors Certificate.
2. A full-time visiting counselor shall be a qualified person devoting the entire school day to serving children with social and/or emotional problems. These children remain in the regular classroom but may be called out occassionally for conferences with the visiting counselor. Approval for reimbursement may be made for part-time programs when the visiting counselor gives part of his time to other school services. School services, such as medical, psychological, research, curriculum planning, etc., shall not be considered as part of the duties of a visiting counselor. The visiting counselor who is qualified to administer individual intelligence tests may administer such tests to obtain in-

formation to aid in the adjustment of the child. This is not to be interpreted that a visiting counselor is to serve in the role of a psychometrist or psychologist. This service is incidental to the major role of a visiting counselor. The purpose of the visiting counselor program is to work with other school personnel, not to replace or duplicate these fine services.

3. The board of education in a local school district may organize a visiting counselor program if the school age enrollment in that school is 1,800 or more. One visiting counselor may be employed for each additional 2,000 school age children enrolled.
4. Two or more school districts may form a cooperative program if the joint school age enrollment is 1,500 or more.
5. County Superintendents may organize county programs if the school age enrollment in all of the schools to be served is 1,200 or more.
6. Two counties may form a cooperative program and be approved for financial assistance although the total number of children enrolled in the schools to be served is less than 1,200.
7. Any allowance of funds to pay the travel costs of visiting counselors shall be the responsibility of the local school district except in county, or cooperative programs.

PROVISION FOR GUIDANCE SERVICES

The aim of guidance is to enable each individual to understand his abilities and interests, to develop them, to relate them to life's goals, and to reach a state of mature self-guidance as a desirable citizen of the community.

The characteristics and needs of the handicapped child are seen most clearly by comparison with a normal child. Viewed realistically, he is not different in these respects from any other child. His basic needs are identical with those of his more fortunate schoolmates, but his opportunities for satisfying these needs are limited by virtue of his handicap. Herein lies the major problem of guidance. Early in life he must be so guided that he will accept his limitations without a sense of defeat, and in so doing be led to realize that he has assets as well as liabilities. Skillful guidance will provide opportunities for him to discover these assets and to make the most of them. Past experience has proved many times over that handicaps in themselves may prove such a challenge that they become a means to greater achievement.

The handicapped child may be more prone to develop social and emotional maladjustment because his opportunities for normal development in these areas are circumscribed by his physical or mental debilities. More than the average child, he needs to be given a chance to succeed, to get the feeling of competence, to "belong", and to develop emotional control. He should learn to see clearly the obstacles that his handicap places before him in certain fields. He should also become acquainted with the fields in which his handicap will create no obstacle.

In an individualized program of guidance for the handicapped there is no substitute for a well kept record of the child's growth and development—both for goal planning and evaluation of methods used. These records are usually referred to as cumulative records or personal inventories. They are kept in the classroom and considered confidential, being available only to those who will use them in the best interest of the children. The teacher should be just as ethical in the use of this information as a doctor or lawyer is in protecting the confidences of his client. These records are not a burden if the teacher has the correct professional attitude toward her work.

Each child's record folder usually contains such material as a family history, aptitude and achievement test records, health record, correspondence from parents and other interested persons, and samples of school work. A chronological narrative which shows the child's feelings, interests, and abilities will do much toward developing insight and a more wholesome attitude on the part of the teacher.

It has been considered good practice for each school to develop a cumulative record form best adapted to the needs of that particular school. However, a standard form may be obtained from most companies who specialize in printing school forms.

Organization of a guidance program is the responsibility of the school administrator with the assistance of the teachers. The civic organizations of the community or the city, county health clinics, the school nurse, and welfare agencies, should cooperate in providing guidance services. Conferences of the special class teacher and the parents should be held at regular intervals for the purpose of discussing the problems of the children and to obtain a more thorough understanding of their needs.

In a situation where pupils for the special classes are drawn from more than one school, a Special Education Council will be very helpful in assisting with administrative functions. The council, usually composed of a counselor or principal from each school, can iron out transportation problems, designate the school to provide special services, and coordinate guidance services.

Where it is feasible, the special education teachers of a school system, or of a convenient area, should unite in forming a monthly Special Education Clinic as a means of sharing problems and information. The school psychiatrist, physician, nurse, and principal may be a part of this council or be called in as consultants. Each teacher can present particularly difficult cases for study and recommendations. A suggested outline for organizing material for this clinic or for the teacher's own use in thinking through a problem is included at the end of this section.

Guidance practices recommended for special education pupils are little or no different from those used in any good guidance program. However, good guidance techniques are basic in a special education program, in that these children present the extremes in individual differences. If these differences are not understood and provided for, special education ceases to be "special".

INFORMATION DESIRED IN A CASE STUDY (SUMMARY)

Identifying Information—Name, sex, race, address, chronological age, mental age.

Source and Reason for Referral or Application for Special Education—Statement of the problem and present situation.

Sources of Information—Persons, records, observations and descriptions of other organizations. If other information is available from various guidance programs, list source and type of work done.

Child's Developmental Health and Personal History—Circumstances, age of teething, walking, talking, feeding problems, sex development, history of illnesses, general health, description of handicap or problem, medical examination, treatment given, present appearance and disposition, and child's attitude toward his situation.

Education and Training—Type of training in the home, age, started to school, advancement and failure, changes of schools, adaptation made to child's needs, attitude toward school, guidance program, reports of standardized tests with special attention toward his handicap, and consideration of the possibility for regular class work in part or whole. Indicate need for special school, home instruction, hospital or other needs, and need for transportation.

Family Influence (Consider Father and Mother Separately)—Family composition, race, language, characteristics, educational and social status, work habits, discipline used, marital status, interests, disease, sibling rivalry, attitudes toward the child and school.

Social Factors—Range and extent of child's social experiences, acceptance of ethical laws, self-insight, friendships, delinquencies, group status, and community attitude toward him.

Home—Description of house, lights, heat, ventilation, sleeping arrangements, toilet facilities, home life, and community influence.

Problems and Plans—Taking all facts into consideration it will be found helpful to list that specific problem. The recommendations for treatment should come from all persons and agencies working cooperatively in the interest of the child. Recommendations, to be of value, must be specific for special school equipment, food needs, medical care, etc. The problems will vary with the growth of the child, but it will always be wise to keep in mind that the handicapped child may not be able to keep up with other children in the group; therefore, treatment is a continuing process. The case study might be used as a yard stick for measuring the adequacy of provisions made for the individual child.

SPEECH CORRECTION

DEFINITION OF SPEECH DISORDERS:

"It may be suspected that a child has a speech disorder when his speech behavior is obviously different from that of most children of his age level. When a child has difficulty in expressing his thoughts to others or when the listener has difficulty understanding what a child is saying or if attention is called to "how" an individual is speaking rather than to "what" he is saying, the possibility of a speech disorder should be investigated."[1]

Speech disorders are generally classified into eight types: 1. Articulation, 2. Stuttering, 3. Voice Defects, 4. Cleft Palate, 5. Delayed Speech, 6. Cerebral Palsy Speech, 7. Language Impairment, associated with brain damage, 8. Impaired Hearing. Articulatory defects present one of the most important problems of the speech therapy program, for most speech defects are of the articulatory type. About three-fourths of the speech defects in a school population are articulation defects.

INCIDENCE

A report submitted by the American Speech and Hearing Association Committee for the 1950 White House Conference estimated that six per cent of the total population has some variety of speech defect. Four per cent of the total population has an articulation disorder. Seven individuals in each thousand are stutterers. Five out of every thousand have a voice disorder; five more have delayed speech; two more have speech disorders due to brain injuries; and one in each thousand has a cleft palate speech problem.

THE PRINCIPAL CAUSE:

There are many types and degrees of speech problems and there are also many causes. Usually there is no one specific cause involved, but often several causes are found to be interrelated. Speech problems may result from physical disorders (defective tonsils or adenoids, defective hearing, dental irregularities, poor muscular coordination, cleft palate, and/or cleft lip), emotional disturbances, or from inadequate learning experiences. If there is any question about the physical condition or the mental development of the child, the speech correction teacher should request physical or psychological examinations. An audiometer evaluation should be administered to all speech cases; this is particularly indicated if a hearing loss is suspected.

LOCATING AND IDENTIFYING CHILDREN WITH SPEECH PROBLEMS:

In initiating the speech program, the speech correction teacher should make a survey of the school system to ascertain the number and types of problems in the schools to be served. How this is to be done will be determined to a great extent by the local situation.

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[1] Cypreansen, Wiley and Laase, Speech Development Improvement and Correction. (New York: Ronald Press Co.) p. 25.

Speech Screening:

In some school systems the speech therapist might find it advisable to conduct an evaluation of the speech and hearing of each child. In schools with enrollments so large as to make this not feasible, a modified method of screening may be employed. This usually consists of conducting the screening survey throughout certain grade levels. A common screening process that will result in all children being tested in two to three years is by testing the first, third and fifth grades each year; also, all new children entering school during the year.

Teacher Referral Policy:

If the teacher referral policy is used in setting up the case load, an orientation meeting should be held each fall with staff and administrators, (1) to acquaint new staff members with the over-all purpose of the speech therapy program, (2) to provide information regarding the selection of pupils for referral, and (3) to create a climate of good understanding between therapist and staff.

Combination Method: In some schools a combination of the two above methods will prove to be the most efficient method of locating and identifying children. When this method is used, the speech correctionist generally conducts surveys of certain grade levels to locate the children in need of speech correction. In addition she takes referrals from teachers of grades that have not been screened.

The local situation will determine the most effective method of locating and identifying the children to be worked with by the speech correction teacher. The method to be used should be determined by the local school administrator and the speech correctionist.

ESTABLISHING CLASSES FOR CHILDREN WITH SPEECH PROBLEMS:

The recommended plan for establishing corrective speech services is for the speech teacher to have an itinerant schedule in which she does all or most of the traveling and meets the children at their home schools. This will prevent complications that may arise when children go from one building to another.

In school districts which have a small number of pupils who are eligible for speech services, a part-time teacher may be employed. Two or more districts may jointly employ such a teacher, but the arrangement must be approved by the State Board of

Education if reimbursement is expected. In either arrangement, the same standards are required as in a full time program.

Teacher Case Load: The teacher load should be about 75 to 120 (See State Board's Regulations pertaining to the Corrective Speech Program). It has been generally accepted by both the National and Oklahoma State Speech and Hearing Association that a public school speech correction teacher should not attempt to see more than 120 children in her case load. To attempt to exceed this maximum is generally self-defeating; and in a larger sense, defeats the purpose of the speech correction program. The size of the load can best be determined by the number of serious cases, the experiences of the teacher, and the distances she must travel. The beginning teacher should be given a lighter load at first and the number increased as she becomes more experienced. The more serious cases should be given individual therapy while the less serious ones may be served in small groups. Pupils may be grouped according to the type of difficulty and degree of severity, or according to grade levels. Groups should be kept small, probably not more than four or five in a group. Normally, instruction should be given twice a week in periods varying from twenty to thirty minutes.

The School Administrator: The superintendent and principal or principals, in cooperation with the therapist should formulate a specific plan for admitting pupils to special classes and services. While the therapist determines the eligibility, the administrator in charge should officially admit those pupils eligible for such service. A definite policy of admission will enable a therapist to keep a schedule more easily and will minimize the risk of incurring ill will if, for any reason, a child is not enrolled.

As in the case of admissions, the administration is responsible for a policy governing the definite scheduling of a teacher's and the pupils' time and the setting up of administrative procedures to see that the plan functions.

Corrective speech classes should be considered a definite part of the regular school program. While the time spent in special classes should be worked out whereby it will interfere least with the pupil's regular classwork, **he should by no means be penalized for attending this class by making up time missed.** Like arithmetic or reading, corrective speech should be considered as a class, and when the time arrives for it, the pupil should be punctual and regular in attendance. Ordinarily, the speech therapist should not have to spend her time and energy in going to various classrooms for her pupils. A definite arrangement for this should be made between classroom teacher and the speech therapist in order that the program may function most effectively.

It is good administrative practice to assume that the speech therapist is a part of the faculty of every building in which she works. As such she is responsible to that building principal and he in turn is responsible for the success or failure of the program in his building.

Members of the Faculty: In school districts where a speech therapist is employed, the classroom teacher plays a most important part in the success of the program. Frequently she will be the one to discover the speech problems and to arrange for the child to be tested by the therapist. It will be her responsibility to see that pupils report promptly at assigned times. Her attitude toward the child before he leaves the classroom and after he returns is most important. Above all she will see that the child is not penalized in any way because of his absence. Also, her influence will determine to a great extent the attitude his classmates will have toward him. The untrained teacher should not attempt direct therapy, especially in severe cases, but should consult with the speech therapist regarding the problem. She can do much to assist, however, by maintaining a classroom atmosphere that is pleasant and relaxed. She can give the child a feeling of security that he needs, can provide opportunities for achieving success and developing self-confidence, and can encourage him to participate in classroom activities.

Some of the ways in which the therapist can assist the regular teacher are: (1) suggesting ways of continuing speech therapy in classroom recitations; (2) supplying a phonetic analysis of the child's speech, designating sounds that are receiving attention at the time; (3) suggesting classroom activities that will further the training being given at the time; (4) securing materials such as lists, reading materials, etc., being used in regular classroom work to be used as adjuncts to speech training; (5) suggesting possible means of relieving pressure on the child in the classroom situation if it is apt to affect his progress in speech improvement.

The essential task of the speech therapist is to help the articulatory, voice, or rhythm cases to overcome their problems. The task is too large for her to handle alone, however. She must enlist the aid of the classroom teachers. She may assist classroom teachers by suggesting special methods for them to use in their part time correction in their individual schools, by supplying practice and testing materials, by giving demonstration lessons, by giving suggestions to strengthen carry-over, and by testing referred pupils.

Community Relations: Much of the success of the corrective speech program depends upon the contacts the therapist makes in the community. This aspect of her work is in many ways as important as her diagnostic examinations and her program of corrective procedures. In the first place, she needs the cooperation and understanding of the parents of the children whom she serves. As a rule this is best gained by conferences at school, visits in the homes, telephone calls, and carefully written letters. The therapist will also want the understanding and cooperation of various organizations in the community, and should welcome the opportunity to speak to P. T. A. groups and to civic clubs.

The therapist must work in close cooperation with dentists, doctors, and nurses since many of her cases will need medical care. Arranging for meetings with the various medical groups in the community will result in better understanding of the program. The superintendent and other administrators may assist the therapist in promoting friendly professional relationships by carefully planning a policy of medical referral commensurate with the needs of the speech cases, and with the services available within the school system and the community.

CLASS ORGANIZATION:

The Teacher: The speech therapist should possess the personal characteristics necessary for working with exceptional children. She should have a genuine interest in children and possess the skills needed to stimulate and motivate them in the methods and materials utilized in corrective speech instructions. She should have the essential training and experience to work in the area of speech therapy and to qualify for a special education certificate in this area.

Room; The speech therapist should have an office in a centrally located building. If possible, it should be acoustically treated and should have a telephone. This office can be used as the teacher's headquarters where she can schedule interviews, make diagnoses, store equipment, and keep case files.

In each of the schools where she is scheduled, the therapist should be provided with a large quiet, well lighted, and well ventilated room near the groups she serves. Furnishings will be much like those in ordinary classrooms. Ideally, chairs and tables should be of several sizes because they will be used by different age levels.

Equipment: The equipment in a school speech correction room may be rather simple. It may require little more material than the school already possesses. Such equipment would probably include tongue blades, speech improvement cards, blowing equipment, practice devices, educational toys and games, a large mirror and several small ones, a recording machine, a pure-tone audiometer for either group or individual testing, a record player, speech improvement records and drill materials suited to various grade levels. If cases with impaired hearing are included, amplifying devices should be purchased.

For her office or headquarters, the speech therapist would need a cabinet or closet for storing equipment, books and supplies, a desk, a typewriter table and typewriter, and a filing cabinet for records and case histories.

At this time, when the demand for speech correction facilities is so great and the supply of funds and personnel is so limited, many schools will have to accept less adequate facilities than they desire. Assuming, however, that in time more funds and trained personnel will be available, it is wise to begin the program on a firm foundation. The purchase of good equipment, no matter how little, means that it will not have to be replaced.

Case Studies: Individual case study records will need to be kept for each child receiving corrective speech training.

For the child with only a minor speech problem, case studies will not need to be comprehensive. Only such notes need be kept as will give a picture of the difficulty and of the progress made, and which will be helpful to succeeding correctionists.

Information usually included in the more detailed studies would probably be items such as: family and medical histories, audiograms, transcriptions of the child's voice taken at various stages in the training period, a full record of all medical, dental, and psychological referrals, results of various speech tests, and daily progress reports.

The Role of The Classroom Teacher: In some communities a speech correction teacher may not be available. What is done to assist the child with his speech difficulties will be done by the classroom teacher.

Perhaps the first suggestion would be to encourage parents to have the child examined by a physician to find out if the defect is caused by some abnormality, such as a cleft palate, tongue-tie or hearing impairment. Audiometric tests are frequently necessary, for a child who does not hear adequately may not learn to speak correctly. If parents cannot afford medical examinations, arrangements can be made through out-patient clinics in many state hospitals. Hearing and speech evaluations may be obtained through nearby college or university speech and hearing clinics for a small fee.

Improvement of the general health of the child will facilitate speech improvement. Parents can be urged to see that the child receives an adequate diet and plenty of relaxation and sleep. Sometimes it will be necessary to suggest ways of relieving the pressure which is being placed on the child by members of the family.

In order to know how much improvement may be expected, it may be necessary to administer some sort of an intelligence test. Any of the well standardized group tests may be used if individual tests are not available. If the child's speech is not understandable, a performance test may be administered by a qualified examiner.

Help in psychological testing may be secured through various universities and colleges in the state.

Every classroom teacher who wishes to be of maximum service to the children she teaches should acquaint herself with the various nearby agencies that will assist her in coping with her pupils' speech problems. Furthermore, she will want to be informed regarding the fundamental principles of speech therapy. This information may be obtained by reading such books as are listed at the conclusion of this section, or by attending classes in speech and hearing during the summer sessions.

SELECTED REFERENCES

Anderson, Virgil A. **Improving the Child's Speech.** New York: Oxford University Press, 1953.

Backus, Ollie L., and Jane Beasley. **Speech Therapy with Children.** New York: Houghton-Mifflin Co., 1951.

Berry, M. and Eisenson, J., **Speech Disorders,** New York: Appleton-Century, Crofts, Inc., 1956.

Black, Martha E. **Speech Correction in the Schools.** Englewood Cliffs, New Jersey. Prentice-Hall Foundation of Speech Pathology. Series 1964.

Cypreansen, Wiley and Laase. **Speech Development, Improvement, and Correction.** New York: Ronald Press Co., 1959.

Eisenson and Ogilvie. **Speech Correction in the Schools.** New York. Macmillan Co., 1963.

Exceptional Children, Journal of the Council for Exceptional Children, 1201 Sixteenth Street, N. W., Washington 6, D. C., $4 per year not including membership.

Goldstein, K. **Language and Language Disturbances.** New York: Grune and Stratton, 1948.

Heltman, J. J. **First Aids for Stutterers.** Magnolia, Mass.: Expression Co., 1943.

Irwin, John V., and John K. Duffy. **Speech and Hearing Hurdles.** Columbus, Ohio: School and College Service, 1951.

Irwin, R. **Speech and Hearing Therapy.** Englewood: Prentice-Hall, Inc., 1953.

Johnson, Wendell. "An Open Letter to the Mother of a Stuttering Child." First published in the April, 1941, issue of **You and Your Child.** Distributed by the National Society for Crippled Children and Adults, Inc., 11 South La Salle, Chicago 3, Illinois.

Johnson, W.; Darley, F.; and Spriestersbach, D. **Diagnostic Manual in Speech Correction.** New York: Harper and Brothers, 1952.

Journal of Speech and Hearing Disorders. The American Speech and Hearing Association, Speech Clinic, Wayne University, Detroit, Michigan. Published quarterly. Subscription rate: $5 per year in the United States.

Robbins, S. **A Dictionary of Speech Pathology and Therapy.** Cambridge: Sci-Art, Publishers, 1951.

Schoolfield, Lucille D. **Better Speech and Better Reading.** Magnolia, Mass.: Expression Co., 1951.

Scott, Louise Binder, and J. J. Thompson. **Talking Time.** St. Louis: Webster Publishing Co., 1951.

Travis, L. (ed.) **Handbook of Speech Pathology.** New York: Appleton-Century-Crofts, Inc., 1957.

Van Riper, Charles. **Speech Correction: Principles and Methods.** Revised Edition. New York: Prentice-Hall, 1963 (4th Ed.).

................, **Helping Children Talk Better.** Chicago: Science Research Associates, 1951.

Van Riper, C. **Speech Therapy: A Book of Readings.** New York: Prentice-Hall, Inc., 1953.

DIRECTORS OR SUPERVISORS OF SPECIAL EDUCATION

Adequate knowledgeable leadership personnel are essential to the proper development and functioning of special education services in the same measure as they are needed in the general education program. Without the direction provided by proper supervision the special program may develop without attention to scope or sequence and may miss many handicapped children in need of special consideration. An individual charged with the responsibility for special services can be constantly aware of the changing needs of the individuals within the school system and will be able to make plans for the amelioration of the observed needs. Long range educational goals can foresee problems before they arise and stop-gap measures can be avoided. Recognizing the importance of the leadership role, the State Board of Education includes this area of functioning in the reimbursable programs authorized under the Special Education rules and regulations.

Role of the Supervisor or Director

The actual role will be dictated by the local situation and will vary according to the size of the special program, the time the program has been in existence and the scope of the special offerings.

Within the local structure there will be factors which must be considered in determining the specifics of the job description, however, all positions will have some common characteristics.

1. He should have basic responsibility for surveying the system and determining the extent of the need for special education services.
2. He should have initial responsibility for evaluating the students referred or for obtaining the necessary evaluation before placement is made.
3. He should be a member of the staff that decides on placement.
4. He should be responsible for acquiring and disseminating materials and information of value for use in the special classes.
5. He should be responsible for general supervision of the entire special program.
6. He should be responsible for the development and implementation of the public relations program for the special program.
7. He should be responsible for final program evaluation and for any reports requested by the State Department of Education.
8. He should be responsible for the proper completion of the pre-approval applications and their transmittal to the State Special Education Division.

Qualifications

In addition to the personal qualifications necessary for success in a leadership role the director or supervisor must hold a current special education certificate. If he is responsible for pupil evaluation, he should be competent in the area of individual testing and have on file a recommendation stating his qualification from the institution in which he received his training. Certification as a psychometrist would be ideal but not specifically required unless the major portion of his time would be spent in student evaluation.

Travel Allowance

The duties of the director or supervisor demand they visit the special classes already established and the other schools where classes may be needed. He will also need to go to the schools while conducting the preliminary screening and final pupil evaluation needed for proper placement of the candidate for special services. The school district should make an adequate travel allowance to cover the expenses thus incurred.

Office Space

Adequate office space should be provided, including sufficient space for clinical help and the necessary files for efficient maintenance of the records and reports essential to the operation of the special program.

California State Department of Education, **Programs for the Educable Mentally Retarded in California Public Schools.** Vol. XXXIV, No. 1, Sacramento, California, 1965.

Chicago Public Schools, **Programs for Handicapped and Socially Maladjusted Children, Study Report Number Nine.** Chicago, Illinois, 1964.

Jackson, Stanley E., **School Organization in the Mentally Retarded: Basic Guides.** Washington, D. C., National Republic Publishing Co., 1961.

ROSTER OF REGIONAL GUIDANCE CENTERS

REGIONAL GUIDANCE CENTER I

ADDRESS: Third and Chadick Park GA 3-1267
McAlester, Oklahoma 74501

COUNTIES: Pittsburg, Hughes, McIntosh, Haskell, LeFlore, Latimer

REGIONAL GUIDANCE CENTER II

ADDRESS: 519 South Third Street, Box 1548 MU 7-4456
Muskogee, Oklahoma 74401

COUNTIES: Muskogee, Okmulgee, Wagoner, Cherokee, Adair, Sequoyah

Okmulgee County Guidance Center

ADDRESS: 918 North Seminole SK 6-1883
Okmulgee, Oklahoma 74447

REGIONAL GUIDANCE CENTER III

ADDRESS: 106 East Thirteenth Street FE 2-2011
Ada, Oklahoma 74820

COUNTIES: Pontotoc, Garvin, Murray, Johnston, Coal, Atoka

Garvin County Guidance Center

ADDRESS: 220 North Chickasaw, BE 8-2560
P. O. Box 695, Pauls Valley, Oklahoma 73075

REGIONAL GUIDANCE CENTER IV

COUNTIES: Oklahoma, Canadian

Bethany Guidance Center

ADDRESS: 6901 North West 23rd SU 9-9066
Bethany, Oklahoma 73008

Southeast Communities Guidance Center

ADDRESS: 3216 Tinker Diagonal, Suite A OR 7-5832
Oklahoma City, Oklahoma 73115 (Del City)

REGIONAL GUIDANCE CENTER V

ADDRESS: 317 American Building, BR 3-2157
P. O. Box 1487, Shawnee, Oklahoma 74801

COUNTIES: Pottawatomie, Seminole, Okfuskee, Lincoln

Seminole County Guidance Center

ADDRESS: Market Square Building EV 2-4369
Seminole, Oklahoma 74868

REGIONAL GUIDANCE VI

ADDRESS: 1010 South Sheridan Road EL 3-2735
Lawton, Oklahoma 73501

COUNTIES: Comanche, Caddo, Grady, Stephens, Jefferson, Cotton

Grady County Guidance Center

ADDRESS: Westminister & 22nd Street, CA 4-2022
P. O. Box 227, Chickasha, Oklahoma 73018

Stephens County Guidance Center

ADDRESS: 1400 Bois d'arc, P. O. Box 308 AL-5-3033
Duncan, Oklahoma 73533

REGIONAL GUIDANCE CENTER VII

ADDRESS: P. O. Box 951 RO 2-5121
Ponca City, Oklahoma 74601

COUNTIES: Kay, Grant, Noble, Osage

COMMUNITY GUIDANCE CENTERS

Cleveland County Guidance Center

ADDRESS: 641 East Robinson, P. O. Box 787 JE 4-4048
Norman, Oklahoma 73069 SW 4-5223
(direct line to Okla. County)

Creek County Guidance Center

ADDRESS: P. O. Box 618 BA 4-5531
Sapulpa, Oklahoma 74066

Payne County Guidance Center

ADDRESS: 7th & Walnut, Box 471 FR 2-1721
Stillwater, Oklahoma 74074

Rogers County Guidance Center

ADDRESS: Claremore Health Center, RO 3-3166
108 West Blue Starr Drive,
Claremore, Oklahoma 74017

Jackson County Guidance Center

ADDRESS: 201 South Lee HU 2-7308
Altus, Oklahoma 73521

CHILD STUDY CENTER

ADDRESS: 601 N.E. 18th Street JA 4-4449
Oklahoma City, Oklahoma 73105

CHILDREN'S MEDICAL CENTER

ADDRESS: P. O. Box 7352 RI 7-7542
4818 South Lewis, Tulsa Oklahoma 74105